



Notice of Public Participation:

**Public comment on the Federal Fiscal Year (FFY 2023) (July 1, 2023-June 30, 2024)
Annual Part C Grant Application Under Part C of the Individuals with Disabilities
Education Act (IDEA)**

The Department of Health and Social Services, Birth to Three Early Intervention Program (the Program) is announcing the publication of the draft FFY 2023-24 Annual Application.

In order to meet the public participation requirements under §441 of the General Education Provisions Act (GEPA) at 20 USC 1232d(b)(7)(B) and Part C of the IDEA at 34 CFR §303.208, the Program is publishing the draft application, which includes the budget for the Part C federal funds and two revised policies and procedures. The purpose of the public participation period is to gather comments regarding the draft grant application and the two draft revised policies prepared by the Program. The revised draft policies are in *Section 5: Fiscal Management, item A.4, Section 6: System of Payments, and Section 16: Early Intervention Services, item A.3.*

The draft application and draft revised policies will be available for public review for 60 days beginning **February 1 through April 1, 2023** and are posted at <https://dhss.delaware.gov/dhss/dph/birthtothree/index.html>

SUMMARY OF PROPOSED REVISIONS TO SECTIONS 5 AND 6 OF THE BIRTH TO THREE EARLY INTERVENTION PROGRAM POLICIES AND PROCEDURES MANUAL

Revisions are proposed to:

- *Section 5(A)(4)* to remove the reference to “including a sliding fee scale and cost participation by families,” in alignment with the revisions in Section 6;
- *Section 5 PR-A* to remove old language describing the lead agencies dispute resolution process and replacing it with revised language that strengthens the process of dispute resolution between two state agencies;
- *Section 6* to eliminate the use of family fees as one of the funding sources for early intervention services; and
- *Section 16(A)(3)* to remove the reference to “including a schedule of sliding fees”.

The opportunity for public comment on the draft application is available for 30 days beginning March 3 through April 1, 2023. Comments will be accepted from the general public during this time period, including parents of infants and toddlers with disabilities, providers of services, advocacy groups and organizations and other stakeholders in the state.

Public hearings will be held virtually via Zoom on the following days and times:

March 15, 2023; 9:00-10:00 am ET

<https://wested.zoom.us/j/92757149304>

Meeting ID: 927 5714 9304

877 369 0926 US Toll-free

877 853 5247 US Toll-free

March 16, 2023; 5:00-6:00 pm ET

<https://wested.zoom.us/j/91799739118>

Meeting ID: 917 9973 9118

877 369 0926 US Toll-free

877 853 5247 US Toll-free

Comments may also be provided to the Birth to Three Early Intervention Program via use of the [Comment Form](#) or by mail or email to:

Birth to Three Early Intervention Program
410 Federal St, 3rd Fl, Suite 7, Dover, DE 19901
[DHSS DPH BirthToThree@delaware.gov](mailto:DHSS_DPH_BirthToThree@delaware.gov)

Responses to individual questions and comments will not be provided; however, the Program staff will review and consider all comments and make any modifications to the application that are deemed necessary. **The Birth to Three Program must receive your comments no later than April 1, 2023.**

OMB NO. 1820-0550
Expires: 12/31/2023

**ANNUAL STATE APPLICATION UNDER PART C OF THE
INDIVIDUALS WITH DISABILITIES EDUCATION ACT AS AMENDED IN 2004
FOR FEDERAL FISCAL YEAR (FFY) 2023**

CFDA No. 84.181A

**ED FORM No. 1 B20—26P UNITED STATES DEPARTMENT OF EDUCATION
OFFICE OF SPECIAL EDUCATION PROGRAMS**

Washington, DC 20202-2600

**DRAFT for FFY 2023 Grant
Public Review**

Paperwork Burden Statement

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless such collection displays a valid OMB control number. The valid OMB control number for this information collection is 1820-0550. Public reporting burden for this collection of information is estimated to average 10 hours per response, including time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. The obligation to respond to this collection is required to obtain or retain benefit under IDEA Part C (20 U.S.C. 1400, et seq.). If you have any comments concerning the accuracy of the time estimate, suggestions for improving this individual collection, or if you have comments or concerns regarding the status of your individual form, application or survey, please contact Jennifer Simpson at jennifer.simpson@ed.gov / (202) 245-6042 directly.

SECTION I

A. Submission Statements for Part C of IDEA

Select 1 or 2 below. Check 3 if appropriate.

1. ☒ The State's policies, procedures, methods, descriptions, certifications, and assurances meet all application requirements of Part C of the Act as found in the Individuals with Disabilities Education Act (IDEA), codified at 20 U.S.C. 1431 through 1443 and the Part C regulations in 34 CFR Part 303. The State is able to provide and/or meet all policies, procedures, methods, descriptions, and assurances, found in Sections II.A and II.B of this Application.
- By selecting this submission statement the State either has on file with the Secretary or has submitted new or revised State policies, procedures, methods, and descriptions that meet all requirements found in Section II.A.
2. ☐ The State cannot provide the policies, procedures, methods, descriptions, and/or assurances for all application requirements of Part C of the Act as found in Part C of the IDEA, 20 U.S.C. 1431 through 1443 and the Part C regulations in 34 CFR Part 303. The State has determined that it is unable to provide the policies, procedures, methods, descriptions, and/or assurances that are checked 'No' in Sections II.A and II.B. However, the State assures that throughout the period of this grant award the State will operate consistently with all requirements of IDEA in 20 U.S.C. 1431 through 1443 and the 2011 Part C regulations in 34 CFR Part 303. The State will develop and/or make such changes to existing policies, procedures, methods, descriptions, and assurances as are necessary to bring the policies, procedures, methods, descriptions, and assurances into compliance with the requirements of the IDEA Part C Act and regulations, as amended, as soon as possible, and not later than June 30, 2024. The State has included the date by which it expects to complete necessary changes associated with policies, procedures, methods, descriptions, and assurances marked 'No'. The items checked 'Yes' in Section II.A are enclosed with this application as revised or new or are identified as "OF" already on file with the Secretary.¹

Optional:

3. ☒ The State is submitting new or modified State policies and procedures previously submitted to the Department and checked in Section II.A, "N", "R" or "OF" cell(s) found in the 'Yes' column. These modifications are a result of: (1) the State revising its applicable State law or regulations; (2) changes required by the Secretary due to new interpretation of the Act or regulations by a Federal court or the State's highest court; and/or (3) because of an official finding of noncompliance with Federal law or regulation.

B. Conditional Approval for Current Grant Year

If the State received conditional approval for the current grant year, check the statement(s) below:

1. Conditional Approval Related to Assurances in Section II.A:

- ☐ a. Sections II.A and II.B reflect completion of all issues identified in the FFY 2022 conditional approval letter (attach any additional documentation required by the FFY 2022 letter).
- ☐ b. As noted in Sections II.A and II.B, the State has not completed all issues identified in the FFY 2022 conditional approval letter.

¹ If Option 2 is checked, the State is to provide dates in Sections II.A and II.B as to when the required policies, procedures, methods, descriptions, and assurances will be provided, which date can be no later than June 30, 2024.

2. Conditional Approval Related to Other Issues:

- ☐ a. The State previously submitted documentation of completion of all issues identified in the FFY 2022 conditional approval letter.
- ☐ b. The State is attaching documentation of completion of all issues identified in the FFY 2022 conditional approval letter. *(Attach documentation showing completion of all issues.)*
- ☐ c. The State has not completed all issues identified in the FFY 2022 conditional approval letter. *(Attach documentation showing completion of any issues and a list of items not yet completed.)*

SECTION II

A. State Policies, Procedures, Methods, and Descriptions

As checked below, the State hereby declares that it has or has not filed the following policies, procedures, methods, and descriptions with the U.S. Department of Education, and, as of the date of the signature below, affirms and incorporates by reference those policies, procedures, methods, and descriptions with respect to Part C of the Individuals with Disabilities Education Act (IDEA or Act) in 20 U.S.C. 1431–1443 and the Part C regulations in 34 CFR Part 303 (Part C). By submission of this Section II, the State assures that throughout the period of this FFY 2023 grant award, the State will operate consistently with all requirements of Part C of the IDEA in 20 U.S.C. 1431 through 1443 and the Part C regulations in 34 CFR Part 303. The State will develop and/or make such changes to existing policies, procedures, methods, descriptions, and assurances as are necessary to bring the policies, procedures, methods, descriptions, and assurances into compliance with the requirements of the IDEA Part C Act and regulations by the date indicated below and not later than June 30, 2024.

- Check and enter date(s) as applicable.
- Enclose relevant documents.

Yes (If New or Revised is checked, the State is submitting policies, procedures, methods, and descriptions with this application. If already 'On File with OSEP', check OF.)

N = 'New' Policy and/or Procedure

R = 'Revised' Policy and/or Procedure

OF = Policy and/or Procedure is already 'On File' with the USDE

No (Policies, procedures, methods, and descriptions have not been provided. Provide date by which State will submit to OSEP required documentation, which date shall be no later than June 30, 2024.)

Yes: N	Yes: R	Yes: OF	No	State Policies, Procedures, Methods, and Descriptions
				Subpart C—State Policies and Procedures
		X		1. Each application must include the name of the State lead agency, as designated under §303.120, that will be responsible for the administration of funds provided under this part. (34 CFR §303.201)
		X		2. Each application must include a description of services to be provided under Part C to infants and toddlers with disabilities and their families through the State's system. (34 CFR §303.203(a))
				3. Each application must include the State's policies and procedures regarding the identification and coordination of all available resources within the State from Federal, State, local, and private sources as required under subpart F of 34 CFR Part 303. <i>The State must have policies and procedures that meet the requirements listed in 3(a) and the methods identified in 3(b), and must provide responses to those entries. If the State has not adopted a system of payments, it may respond "NA" to 3(a).</i>

Yes: N	Yes: R	Yes: OF	No	State Policies, Procedures, Methods, and Descriptions
	X			<p>(a) If the State has adopted a system of payments, each application must include any policies or procedures adopted by the State as its system of payments and those policies and procedures must meet the requirements in §§303.510, 303.520 and 303.521 (regarding the use of public insurance or benefits, private insurance, or family costs or fees).</p> <p>(34 CFR §303.203(b)(1))</p> <p><i>The policies and procedures listed in 3(a) are optional. Enter 'NA' in the cells to the left if the State has elected not to adopt a system of payments (which includes a system to use public insurance or benefits or private insurance or family fees to pay for Part C services); otherwise check the appropriate response under the 'Yes' column and, if checking 'N' or 'R', attach policies and procedures.</i></p> <p><i>The State's response under 3(a) of Section II.A must match the State's response under Section IV.A.</i></p>
	X			<p>(b) Each application must include the methods (State law, regulation, signed interagency or intra-agency agreements or other appropriate written method(s) approved by the Secretary) used by the State to implement the payor of last resort and fiscal responsibility requirements in §303.511(b)(2) and (3).</p> <p>(34 CFR §303.203(b)(2))</p> <p><i>If the State uses signed interagency agreements or "other appropriate written method(s)" to meet the requirements in 3(b), please check 'N' or 'R' and submit with the application. If the State's method is a State statute or regulation, the State does not need to submit that method (the statute or regulation) with its application.</i></p>
		X		<p>4. Each application must include the State's rigorous definition of developmental delay as required under §§303.10 and 303.111. Each Statewide system must include the State's rigorous definition of <u>developmental delay</u>, consistent with §§303.10 and 303.203(c), that will be used by the State in carrying out programs under Part C of the Act in order to appropriately identify infants and toddlers with disabilities who are in need of services under Part C of the Act. The definition must—</p> <p>(a) Describe, for each of the areas listed in §303.21(a)(1), the evaluation and assessment procedures, consistent with §303.321, that will be used to measure a child's development; and</p> <p>(b) Specify the level of developmental delay in functioning or other comparable criteria that</p>

Yes: N	Yes: R	Yes: OF	No	State Policies, Procedures, Methods, and Descriptions
				constitute a developmental delay in one or more of the developmental areas identified in §303.21(a)(1). (34 CFR §§303.203(c) & 303.111)
			N/A	<p>5. If the State provides services under Part C to at-risk infants and toddlers through the statewide system, the application must include—</p> <p>(a) The State's definition of at-risk infants and toddlers with disabilities who are eligible in the State for services under Part C (consistent with §§303.5 and 303.21(b)); and</p> <p>(b) A description of the early intervention services provided under Part C to at-risk infants and toddlers with disabilities who meet the State's definition described in §303.204(a). (34 CFR §303.204).</p> <p><i>The policies and procedures listed in 5 are optional (i.e., they only apply if the State opts to serve at-risk children). Enter 'NA' in the cells to the left if the State has elected not to provide services under Part C to at-risk infants and toddlers; otherwise check the appropriate response under the 'Yes' column and, if checking 'N' or 'R', attach the definition and description.</i></p>
				<p>6. Each State application must include a description of the State's use of funds under Part C for the fiscal year or years covered by the application. (34 CFR §303.205)</p> <p><i>The State must complete Section III of this application.</i></p>
		X		7. Each application must include the State's policies and procedures that require the referral for early intervention services under Part C of specific children under the age of three, as described in §303.303(b) (which includes children who are the subject of a substantiated case of abuse or neglect, or directly affected by illegal substance abuse or withdrawal symptoms resulting from prenatal drug exposure). (34 CFR §303.206)
		X		8. Each application must include a description of the procedure used by the State to ensure that resources are made available under Part C for all geographic areas within the State. (34 CFR §303.207)
		X		9. Each application must include a description of the policies and procedures used by the State to ensure that, before adopting any new policy or procedure (including any revision to an existing policy or procedure)

Yes: N	Yes: R	Yes: OF	No	State Policies, Procedures, Methods, and Descriptions
				<p>needed to comply with Part C of the Act and 34 CFR Part 303, the lead agency—</p> <ol style="list-style-type: none"> (1) Holds public hearings on the new policy or procedure (including any revision to an existing policy or procedure); (2) Provides notice of the hearings held in accordance with §303.208(b)(1) at least 30 days before the hearings are conducted to enable public participation; and (3) Provides an opportunity for the general public, including individuals with disabilities, parents of infants and toddlers with disabilities, EIS providers, and the members of the Council, to comment for at least 30 days on the new policy or procedure (including any revision to an existing policy or procedure) needed to comply with Part C of the Act and 34 CFR Part 303. <p>(34 CFR §303.208(b))</p>
		X		<p>10. (a) <u>Application Requirements</u>: Each State must include the following in its application:</p> <ol style="list-style-type: none"> (1) A description of the policies and procedures it will use to ensure a smooth transition for infants and toddlers with disabilities under the age of three and their families from receiving early intervention services under Part C to preschool or other appropriate services (for toddlers with disabilities) or exiting the program for infants and toddlers with disabilities. (2) A description of how the State will meet each requirement in §303.209(b) through (f). (3) (i) (A) If the lead agency is not the SEA, an interagency agreement between the lead agency and the SEA; or (B) If the lead agency is the SEA, an intra-agency agreement between the program within that agency that administers Part C of the Act and the program within the agency that administers section 619 of the Act (ii) To ensure a seamless transition between services under Part C and under Part B of the Act, an interagency agreement under paragraph (a)(3)(i)(A) of this section or an intra-agency agreement under paragraph (a)(3)(i)(B) of this section must address how the lead agency and the SEA will meet the requirements of paragraphs (b) through (f) of this section (including any policies adopted by the lead agency under §303.401(d) and (e)), §303.344(h), and 34

Yes: N	Yes: R	Yes: OF	No	State Policies, Procedures, Methods, and Descriptions
				<p>CFR 300.101(b), 300.124, 300.321(f) and 300.323(b).</p> <p>(4) Any policy the lead agency has adopted under §303.401(d) and (e).</p> <p>(b) <u>Notification to the SEA and appropriate LEA.</u> The State must ensure that—</p> <p>(1) Subject to paragraph (b)(4) of this section, not fewer than 90 days before the third birthday of the toddler with a disability if that toddler may be eligible for preschool services under Part B of the Act, the lead agency notifies the SEA and the LEA for the area in which the toddler resides that the toddler on his or her third birthday will reach the age of eligibility for services under Part B of the Act, as determined in accordance with State law; or</p> <p>(2) Subject to paragraph (b)(4) of this section, if the lead agency determines that the toddler is eligible for early intervention services under Part C of the Act more than 45 but less than 90 days before that toddler's third birthday and if that toddler may be eligible for preschool services under Part B of the Act, the lead agency, as soon as possible after determining the child's eligibility, notifies the SEA and the LEA for the area in which the toddler with a disability resides that the toddler on his or her third birthday will reach the age of eligibility for services under Part B of the Act, as determined in accordance with State law; or</p> <p>(3) Subject to paragraph (b)(4) of this section, if a toddler is referred to the lead agency fewer than 45 days before that toddler's third birthday and that toddler may be eligible for preschool services under Part B of the Act, the lead agency, with parental consent required under §303.414, refers the toddler to the SEA and the LEA for the area in which the toddler resides; but, the lead agency is not required to conduct an evaluation, assessment, or an initial IFSP meeting under these circumstances;</p> <p>(4) The notification required under paragraphs (b)(1), (2), and (3) of this section is consistent with any policy that the State has adopted, under §303.401(e), permitting a parent to object to disclosure of personally identifiable information.</p> <p>(c) <u>Conference to discuss services.</u> The State must ensure that—</p> <p>(1) If a toddler with a disability may be eligible for preschool services under Part B of the Act, the lead agency, with the approval of the family of the toddler, convenes a conference, among the lead agency, the family, and the LEA not</p>

Yes: N	Yes: R	Yes: OF	No	State Policies, Procedures, Methods, and Descriptions
				<p>fewer than 90 days—and, at the discretion of all of the parties, not more than 9 months—before the toddler's third birthday to discuss any services the toddler may receive under Part B of the Act.</p> <p>(2) If a toddler with a disability is determined to not be potentially eligible for preschool services under Part B of the Act, the lead agency, with the approval of the family of that toddler, makes reasonable efforts to convene a conference among the lead agency, the family, and providers of other appropriate services for the toddler to discuss appropriate services that the toddler may receive.</p> <p>(d) <u>Transition plan.</u> The State must ensure that for all toddlers with disabilities –</p> <p>(1)(i) It reviews the program options for the toddler with a disability for the period from the toddler's third birthday through the remainder of the school year; and</p> <p>(ii) Each family of a toddler with a disability who is served under Part C is included in the development of the transition plan required under this section and §303.344(h);</p> <p>(2) It establishes a transition plan in the IFSP not fewer than 90 days—and, at the discretion of all of the parties, not more than 9 months—before the toddler's third birthday; and</p> <p>(3) The transition plan in the IFSP includes, consistent with §303.344(h), as appropriate—</p> <p>(i) Steps for the toddler with a disability and his or her family to exit from the Part C program; and</p> <p>(ii) Any transition services that the IFSP Team identifies as needed by that toddler and his or her family.</p> <p>(e) <u>Transition conference and plan meeting requirements.</u> Any conference conducted under paragraph (c) of this section or meeting to develop the transition plan under paragraph (d) of this section (which conference and meeting may be combined into one meeting) must meet the requirements in §§303.342(d) and (e) and 303.343(a).</p> <p>(f) <u>Applicability of transition requirements.</u></p> <p>(1) The transition requirements in paragraphs (b)(1) and (2), (c)(1), and (d) of this section apply to all toddlers with disabilities receiving services under this part before those toddlers turn age three, including any toddler with a disability under the age of three who is served by a State that offers services under §303.211.</p>

Yes: N	Yes: R	Yes: OF	No	State Policies, Procedures, Methods, and Descriptions
				<p>(2) In a State that offers services under §303.211, for toddlers with disabilities identified in paragraph (b)(1) of this section, the parent must be provided at the transition conference conducted under paragraph (c)(1) of this section: (i) An explanation, consistent with §303.211(b)(1)(ii), of the toddler's options to continue to receive early intervention services under this part or preschool services under section 619 of the Act; (ii) The initial annual notice referenced in §303.211(b)(1). (3) For children with disabilities age three and older who receive services pursuant to §303.211, the State must ensure that it satisfies the separate transition requirements in §303.211(b)(6)(ii).</p> <p>(34 CFR §303.209)</p>
		X		<p>11. Each application must contain a description of State efforts to promote collaboration among Head Start and Early Head Start programs under the Head Start Act (42 U.S.C. 9801, <u>et seq.</u>, as amended), early education and child care programs, and services under Part C. (34 CFR §303.210)</p>
X				<p>12. Each application must include, as required by Section 427 of the General Education Provisions Act (GEPA), a description of how the State has identified barriers and developed strategies to address the barriers and has provided a description of the steps the State is taking to ensure equitable access to, and participation in, Part C. (34 CFR §303.212(a))</p>
			N/A	<p>13. (a) General. (1) Subject to paragraphs (a)(2) and (b) of this section, a State may elect to include in its application for a grant under Part C a State policy, developed and implemented jointly by the lead agency and the SEA, under which a parent of a child with a disability who is eligible for preschool services under section 619 of the Act and who previously received early intervention services under Part C, may choose the continuation of early intervention services under Part C for his or her child after the child turns three until the child enters, or is eligible under State law to enter, kindergarten or elementary school.</p> <p>(2) A State that adopts the policy described in paragraph (a)(1) of this section may determine whether it applies to children with disabilities—</p> <ul style="list-style-type: none"> (i) From age three until the beginning of the school year following the child's third birthday; (ii) From age three until the beginning of the school year following the child's fourth birthday; or

Yes: N	Yes: R	Yes: OF	No	State Policies, Procedures, Methods, and Descriptions
				<p>(iii) From age three until the beginning of the school year following the child's fifth birthday.</p> <p>(3) However, in no case may a State provide services under this section beyond the age at which the child actually enrolls in, or is eligible under State law to enter, kindergarten or elementary school in the State.</p> <p>(b) <u>Requirements</u>. If a State's application for a grant under Part C includes the State policy described in paragraph (a) of this section, the system must ensure the following:</p> <p>(1) Parents of children with disabilities who are eligible for services under section 619 of the Act and who previously received early intervention services under Part C will be provided annual notice (the initial annual notice must be provided as set forth in §303.209(f)(2)(ii)) that contains—</p> <p>(i) A description of the rights of the parents to elect to receive services pursuant to §303.211 or under Part B of the Act; and</p> <p>(ii) An explanation of the differences between services provided pursuant to §303.211 and services provided under Part B of the Act, including—</p> <p>(A) The types of services and the locations at which the services are provided;</p> <p>(B) The procedural safeguards that apply; and</p> <p>(C) Possible costs (including the costs or fees to be charged to families as described in §§303.520 and 303.521), if any, to parents; and</p> <p>(2) Consistent with §303.344(d), services provided pursuant to §303.211 will include an educational component that promotes school readiness and incorporates preliteracy, language, and numeracy skills.</p> <p>(3) The State policy ensures that any child served pursuant to this section has the right, at any time, to receive FAPE (as that term is defined at §303.15) under Part B of the Act instead of early intervention services under Part C of the Act under §303.211.</p> <p>(4) The lead agency must continue to provide all early intervention services identified in the toddler with a disability's IFSP under §303.344 (and consented to by the parent under §303.342(e)) beyond age three until that toddler's initial eligibility determination under Part B of the Act is made under 34 CFR §300.306. This provision does not apply if the LEA has requested parental consent for the initial evaluation under</p>

Yes: N	Yes: R	Yes: OF	No	State Policies, Procedures, Methods, and Descriptions
				<p>§300.300(a) and the parent has not provided that consent.</p> <p>(5) The lead agency must obtain informed consent from the parent of any child with a disability for the continuation of early intervention services pursuant to this section for that child. Consent must be obtained before the child reaches three years of age, where practicable.</p> <p>(6)(i) For toddlers with disabilities under the age of three in a State that offers services under this section, the lead agency ensures that the transition requirements in §303.209(b)(1) and (2), (c)(1) and (d) are met.</p> <p>(ii) For toddlers with disabilities age three and older in a State that offers services under this section, the lead agency ensures a smooth transition from services under this section to preschool, kindergarten or elementary school by: (A) Providing the SEA and LEA where the child resides, consistent with any State policy adopted under §303.401(e), the information listed in §303.401(d)(1) not fewer than 90 days before the child will no longer be eligible under subsection (a)(2) of this section to receive early intervention services under this section; (B) With the approval of the parents of the child, convening a transition conference, among the lead agency, the parents, and the LEA, not fewer than 90 days—and, at the discretion of all parties, not more than 9 months—before the child will no longer be eligible under subsection (a)(2) of this section to receive, or will no longer receive, early intervention services under this section, to discuss any services that the child may receive under Part B of the Act; and (C) Establishing a transition plan in the IFSP not fewer than 90 days—and, at the discretion of all parties, not more than 9 months—before the child will no longer be eligible under subsection (a)(2) of this section to receive, or no longer receives, early intervention services under this section.</p> <p>(7) In States that adopt the option to make services under Part C available to children ages three and older pursuant to §303.211, there will be a referral to the Part C system, dependent upon parental consent, of a child under the age of three who directly experiences a substantiated case of trauma due to exposure to family violence, as defined in section 320 of the Family Violence Prevention and Services Act, 42 U.S.C. 10401, et seq.</p> <p>(c) <u>Reporting requirement.</u> If a State includes in its application a State policy described in §303.211(a), the State must submit to the Secretary, in the State's report under §303.124, the number and</p>

Yes: N	Yes: R	Yes: OF	No	State Policies, Procedures, Methods, and Descriptions
				<p>percentage of children with disabilities who are eligible for services under section 619 of the Act but whose parents choose for their children to continue to receive early intervention services under §303.211.</p> <p>(d) <u>Available funds</u>. The State policy described in §303.211(a) must describe the funds—including an identification as Federal, State, or local funds—that will be used to ensure that the option described in §303.211(a) is available to eligible children and families who provide the consent described in §303.211(b)(5), including fees, if any, to be charged to families as described in §§303.520 and 303.521.</p> <p>(e) <u>Rules of construction</u>.</p> <p>(1) If a statewide system includes a State policy described in §303.211(a), a State that provides services in accordance with this section to a child with a disability who is eligible for services under section 619 of the Act will not be required to provide the child FAPE under Part B of the Act for the period of time in which the child is receiving services under §303.211.</p> <p>(2) Nothing in this section may be construed to require a provider of services under Part C to provide a child served under Part C with FAPE.</p> <p>(34 CFR §303.211)</p> <p><i>The policies and procedures listed in 13 are optional. Enter 'NA' in the cells to the left if the State has elected not to develop and implement a policy under 34 CFR §303.211 to make Part C services to children beyond age three; otherwise check the appropriate response under the 'Yes' column and, if checking 'N' or 'R', attach policies and procedures.</i></p>

B. Assurances and Optional Assurance

The State makes the following assurances and provisions as required by Part C of the Individuals with Disabilities Education Act. (20 U.S.C. 1431 et. seq.; 34 CFR §§303.101-126; 303.220; 303.227)

Yes (Assurance is hereby provided.)	No (Assurance cannot be ensured. Provide date on which State will complete changes in order to provide assurance.) Check and enter date(s) as applicable	Subpart B—Assurances (20 U.S.C. 1434; 1435; and 1437(b); 34 CFR §§303.101-126; 303.220; 303.227)
X		<p>1. The State has adopted a policy that appropriate early intervention services, as defined in 34 CFR §303.13, are available to all infants and toddlers with disabilities in the State and their families, including—</p> <ul style="list-style-type: none"> (a) Indian infants and toddlers with disabilities and their families residing on a reservation geographically located in the State; (b) Infants and toddlers with disabilities who are homeless children and their families; and (c) Infants and toddlers with disabilities who are wards of the State. <p>(34 CFR §303.101(a))</p>
X		<p>2. The State has in effect a statewide system of early intervention services that meets the requirements of section 635 of the Act, including policies and procedures that address, at a minimum, the components required in 34 CFR §§303.111 through 303.126. (34 CFR §303.101(a))</p>
X		<p>3. The State ensures that any State rules, regulations, policies and procedures relating to 34 CFR Part 303 conform to the purposes and requirements of 34 CFR Part 303. (34 CFR §303.102)</p>
		<p>4. Each statewide system (system) must include, at a minimum, the components described in §§303.111 through 303.126. (34 CFR §303.110)</p>
X		<p>5. The State has a policy in effect that ensures that appropriate early intervention services are based on scientifically based research, to the extent practicable, and are available to all infants and toddlers with disabilities and their families, including—</p> <ul style="list-style-type: none"> (a) Indian infants and toddlers with disabilities and their families residing on a reservation geographically located in the State; and

Yes <i>(Assurance is hereby provided.)</i>	No <i>(Assurance cannot be ensured. Provide date on which State will complete changes in order to provide assurance.)</i> <i>Check and enter date(s) as applicable</i>	Subpart B—Assurances (20 U.S.C. 1434; 1435; and 1437(b); 34 CFR §§303.101-126; 303.220; 303.227)
		(b) Infants and toddlers with disabilities who are homeless children and their families. (34 CFR §303.112)
X		6. (a) The Statewide system ensures the performance of— (1) A timely, comprehensive, multidisciplinary evaluation of the functioning of each infant or toddler with a disability in the State; and (2) A family-directed identification of the needs of the family of the infant or toddler to assist appropriately in the development of the infant or toddler. (b) The evaluation and family-directed identification required in paragraph (a) of this section must meet the requirements of 34 CFR §303.321. (34 CFR §303.113)
X		7. The Statewide system ensures that, for each infant or toddler with a disability and his or her family in the State, an IFSP, as defined in 34 CFR §303.20, is developed and implemented that meets the requirements of 34 CFR §§303.340 through 303.345 and that includes service coordination services, as defined in 34 CFR §303.34. (34 CFR §303.114)
X		8. The Statewide system includes a comprehensive child find system that meets the requirements in 34 CFR §§303.302 and 303.303. (34 CFR §303.115)
X		9. The Statewide system includes a public awareness program that— (a) Focuses on the early identification of infants and toddlers with disabilities; and (b) Provides information to parents of infants and toddlers through primary referral sources in accordance with 34 CFR §303.301. (34 CFR §303.116)
X		10. The Statewide system includes a central directory that is accessible to the general public (i.e., through the lead agency's Web site and other appropriate means) and includes accurate, up-to-date information about: (a) Public and private early intervention services, resources, and experts available in the State;

<p>Yes</p> <p><i>(Assurance is hereby provided.)</i></p>	<p>No</p> <p><i>(Assurance cannot be ensured. Provide date on which State will complete changes in order to provide assurance.)</i></p> <p><i>Check and enter date(s) as applicable</i></p>	<p>Subpart B—Assurances</p> <p>(20 U.S.C. 1434; 1435; and 1437(b); 34 CFR §§303.101-126; 303.220; 303.227)</p>
		<p>(b) Professional and other groups (including parent support and training and information centers, such as those funded under the Act) that provide assistance to infants and toddlers with disabilities eligible under Part C of the Act and their families; and</p> <p>(c) Research and demonstration projects being conducted in the State relating to infants and toddlers with disabilities.</p> <p>(34 CFR §303.117)</p>
<p>X</p>		<p>11. The Statewide system includes a comprehensive system of personnel development, including the training of paraprofessionals and the training of primary referral sources with respect to the basic components of early intervention services available in the State. The State's comprehensive system of personnel development—</p> <p>(a) Includes—</p> <ul style="list-style-type: none"> (1) Training personnel to implement innovative strategies and activities for the recruitment and retention of EIS providers; (2) Promoting the preparation of EIS providers who are fully and appropriately qualified to provide early intervention services under Part C; and (3) Training personnel to coordinate transition services for infants and toddlers with disabilities who are transitioning from an early intervention services program under Part C of the Act to a preschool program under section 619 of the Act, Head Start, Early Head Start, an elementary school program under Part B of the Act, or another appropriate program. <p>(b) May include—</p> <ul style="list-style-type: none"> (1) Training personnel to work in rural and inner-city areas; (2) Training personnel in the emotional and social development of young children; (3) Training personnel to support families in participating fully in the development and implementation of the child's IFSP; and (4) Training personnel who provide services under this part using standards that are consistent with early learning personnel development standards funded under the State Advisory Council on Early Childhood Education and Care established under the Head Start

<p>Yes</p> <p><i>(Assurance is hereby provided.)</i></p>	<p>No</p> <p><i>(Assurance cannot be ensured. Provide date on which State will complete changes in order to provide assurance.)</i></p> <p><i>Check and enter date(s) as applicable</i></p>	<p>Subpart B—Assurances</p> <p>(20 U.S.C. 1434; 1435; and 1437(b); 34 CFR §§303.101-126; 303.220; 303.227)</p>
		<p>Act, if applicable. (34 CFR §303.118)</p>
<p>X</p>		<p>12. The Statewide system includes policies and procedures relating to the establishment and maintenance of qualification standards to ensure that personnel necessary to carry out the purposes of Part C are appropriately and adequately prepared and trained. These policies and procedures provide for the establishment and maintenance of qualification standards that are consistent with any State-approved or State-recognized certification, licensing, registration, or other comparable requirements that apply to the profession, discipline, or area in which personnel are providing early intervention services. Nothing in Part C of the Act may be construed to prohibit the use of paraprofessionals and assistants who are appropriately trained and supervised in accordance with State law, regulation, or written policy, to assist in the provision of early intervention services under Part C of the Act to infants and toddlers with disabilities. (34 CFR §303.119(a)–(c))</p>
<p>X</p>		<p>13. The Statewide system includes a single line of responsibility in a lead agency designated or established by the Governor that is responsible for the following—</p> <p>(a) (1) The general administration and supervision of programs and activities administered by agencies, institutions, organizations, and EIS providers receiving assistance under Part C of the Act; and</p> <p>(2) The monitoring of programs and activities used by the State to carry out Part C of the Act (whether or not the programs or activities are administered by agencies, institutions, organizations, and EIS providers that are receiving assistance under Part C of the Act), to ensure that the State complies with Part C of the Act, including—</p> <p>(i) Monitoring agencies, institutions, organizations, and EIS providers used by the State to carry out Part C of the Act;</p> <p>(ii) Enforcing any obligations imposed on those agencies, institutions, organizations, and EIS providers under Part C of the Act and 34 CFR Part 303;</p> <p>(iii) Providing technical assistance, if necessary, to those agencies, institutions, organizations and EIS providers;</p> <p>(iv) Correcting any noncompliance identified through monitoring as soon as possible and in no case later than one year after the lead agency's identification of</p>

<p>Yes</p> <p><i>(Assurance is hereby provided.)</i></p>	<p>No</p> <p><i>(Assurance cannot be ensured. Provide date on which State will complete changes in order to provide assurance.)</i></p> <p><i>Check and enter date(s) as applicable</i></p>	<p>Subpart B—Assurances</p> <p>(20 U.S.C. 1434; 1435; and 1437(b); 34 CFR §§303.101-126; 303.220; 303.227)</p>
		<p>the noncompliance; and</p> <p>(v) Conducting the activities in paragraphs (a)(2)(i) through (a)(2)(iv) of this section, consistent with 34 CFR §§303.700 through 303.707, and any other activities required by the State under those sections.</p> <p>(b) The identification and coordination of all available resources for early intervention services within the State, including those from Federal, State, local, and private sources, consistent with subpart F of 34 CFR Part 303.</p> <p>(c) The assignment of financial responsibility in accordance with subpart F of 34 CFR Part 303.</p> <p>(d) The development of procedures in accordance with subpart F of 34 CFR Part 303 to ensure that early intervention services are provided to infants and toddlers with disabilities and their families under Part C of the Act in a timely manner, pending the resolution of any disputes among public agencies or EIS providers.</p> <p>(e) The resolution of intra- and interagency disputes in accordance with subpart F of 34 CFR Part 303.</p> <p>(f) The entry into formal interagency agreements or other written methods of establishing financial responsibility, consistent with 34 CFR §303.511, that define the financial responsibility of each agency for paying for early intervention services (consistent with State law) and procedures for resolving disputes and that include all additional components necessary to ensure meaningful cooperation and coordination as set forth in subpart F of 34 CFR Part 303.</p> <p>(34 CFR §303.120)</p>
<p>X</p>		<p>14. The Statewide system includes a policy pertaining to the contracting or making of other arrangements with public or private individuals or agency service providers to provide early intervention services in the State, consistent with the provisions of Part C of the Act and 34 CFR Part 303, including the contents of the application, and the conditions of the contract or other arrangements. The policy —</p> <p>(a) Includes a requirement that all early intervention services must meet State standards and be consistent with the provisions of Part C; and</p> <p>(b) Is consistent with the Education Department General Administrative Regulations in 34 CFR Part 80.</p> <p>(34 CFR §303.121)</p>

Yes <i>(Assurance is hereby provided.)</i>	No <i>(Assurance cannot be ensured. Provide date on which State will complete changes in order to provide assurance.)</i> <i>Check and enter date(s) as applicable</i>	Subpart B—Assurances (20 U.S.C. 1434; 1435; and 1437(b); 34 CFR §§303.101-126; 303.220; 303.227)
X		15. The Statewide system includes procedures for securing the timely reimbursement of funds used under Part C of the Act, in accordance with subpart F of 34 CFR Part 303. (34 CFR §303.122)
X		16. The Statewide system includes procedural safeguards that meet the requirements of subpart E of 34 CFR Part 303. (34 CFR §303.123)
X		17. The Statewide system includes a system for compiling and reporting timely and accurate data that meets the requirements of 34 CFR §§303.700 through 303.702 and 303.720 through 303.724 and the following requirements. The data system includes a description of the process that the State uses, or will use, to compile data on infants or toddlers with disabilities receiving early intervention services under Part C, including a description of the State's sampling methods, if sampling is used, for reporting the data required by the Secretary under sections 616 and 618 of the IDEA and 34 CFR §§303.700 through 303.707 and 303.720 through 303.724. (34 CFR §303.124)
X		18. The Statewide system includes a State Interagency Coordinating Council (Council) that meets the requirements of subpart G of 34 CFR Part 303. (34 CFR §303.125)
X		19. The Statewide system includes policies and procedures to ensure, consistent with 34 CFR §§303.13(a)(8) (early intervention services), 303.26 (natural environments), and 303.344(d)(1)(ii) (content of an IFSP), that early intervention services for infants and toddlers with disabilities are provided— <div style="margin-left: 20px;"> (a) To the maximum extent appropriate, in natural environments; and (b) In settings other than the natural environment that are most appropriate, as determined by the parent and the IFSP Team, only when early intervention services cannot be achieved satisfactorily in a natural environment. (34 CFR §303.126) </div>
X		20. The Statewide system ensures that Federal funds made available to the State under section 643 of the Act will be expended in accordance with the provisions of 34 CFR Part 303, including §§303.500 and 303.501. (34 CFR §303.221)

Yes <i>(Assurance is hereby provided.)</i>	No <i>(Assurance cannot be ensured. Provide date on which State will complete changes in order to provide assurance.) Check and enter date(s) as applicable</i>	Subpart B—Assurances (20 U.S.C. 1434; 1435; and 1437(b); 34 CFR §§303.101-126; 303.220; 303.227)
X		21. The Statewide system will comply with the requirements in §§303.510 and 303.511 in subpart F of this part. (34 CFR §303.222)
X		22. The Statewide system ensures that— (a) The control of funds provided under 34 CFR Part 303, and title to property acquired with those funds, will be in a public agency for the uses and purposes provided in 34 CFR Part 303; and (b) A public agency will administer the funds and property. (34 CFR §303.223)
X		23. The Statewide system ensures that it will— (a) Make reports in the form and containing the information that the Secretary may require; and (b) Keep records and afford access to those records as the Secretary may find necessary to ensure compliance with the requirements of 34 CFR Part 303, the correctness and verification of reports, and the proper disbursement of funds provided under 34 CFR Part 303. (34 CFR §303.224)
X		24. The Statewide system ensures that – (a) Federal funds made available under section 643 of the Act to the State – (1) Will not be commingled with State funds; and (2) Will be used so as to supplement the level of State and local funds expended for infants and toddlers with disabilities and their families and in no case to supplant those State and local funds. (b) To meet the requirement in paragraph (a) of this section, the total amount of State and local funds budgeted for expenditures in the current fiscal year for early intervention services for children eligible under this part and their families must be at least equal to the total amount of State and local funds actually expended for early intervention services for these children and their families in the most recent preceding fiscal year for which the information is available. Allowance may be made for—

<p>Yes</p> <p><i>(Assurance is hereby provided.)</i></p>	<p>No</p> <p><i>(Assurance cannot be ensured. Provide date on which State will complete changes in order to provide assurance.)</i></p> <p><i>Check and enter date(s) as applicable</i></p>	<p>Subpart B—Assurances</p> <p>(20 U.S.C. 1434; 1435; and 1437(b); 34 CFR §§303.101-126; 303.220; 303.227)</p>
		<p>(1) A decrease in the number of infants and toddlers who are eligible to receive early intervention services under this part; and</p> <p>(2) Unusually large amounts of funds expended for such long-term purposes as the acquisition of equipment and the construction of facilities.</p> <p>(c) Requirement regarding indirect costs.</p> <p>(1) Except as provided in paragraph (c)(2) of this section, a lead agency under this part may not charge indirect costs to its Part C grant.</p> <p>(2) If approved by the lead agency's cognizant Federal agency or by the Secretary, the lead agency must charge indirect costs through either—</p> <p>(i) A restricted indirect cost rate that meets the requirements in 34 CFR 76.560 through 76.569; or</p> <p>(ii) A cost allocation plan that meets the non-supplanting requirements in paragraph (b) of this section and 34 CFR Part 76 of EDGAR.</p> <p>(3) In charging indirect costs under paragraph (c)(2)(i) and (c)(2)(ii) of this section, the lead agency may not charge rent, occupancy, or space maintenance costs directly to the Part C grant, unless those costs are specifically approved in advance by the Secretary.</p> <p>(34 CFR §303.225)</p>
<p>X</p>		<p>25. The Statewide system ensures that fiscal control and fund accounting procedures will be adopted as necessary to ensure proper disbursement of, and accounting for, Federal funds paid under 34 CFR Part 303.</p> <p>(34 CFR §303.226)</p>
<p>X</p>		<p>26. The State ensures that policies and practices have been adopted to ensure that—</p> <p>(a) Traditionally underserved groups, including minority, low-income, homeless, and rural families and children with disabilities who are wards of the State, are meaningfully involved in the planning and implementation of all the requirements of Part C; and</p> <p>(b) These families have access to culturally competent services within their local geographical areas.</p> <p>(34 CFR §303.227)</p>

Yes <i>(Assurance is hereby provided.)</i>	No <i>(Assurance cannot be ensured. Provide date on which State will complete changes in order to provide assurance.)</i> <i>Check and enter date(s) as applicable</i>	Subpart B—Assurances (20 U.S.C. 1434; 1435; and 1437(b); 34 CFR §§303.101-126; 303.220; 303.227)
		Assurance Regarding Optional Policy
	N/A	<p><i>Enter 'NA' in the cell to the left if this assurance is not applicable to your State.</i></p> <p>27. A State may adopt and has adopted a policy that includes making ongoing good-faith efforts to recruit and hire appropriately and adequately trained personnel to provide early intervention services to infants and toddlers with disabilities, including, in a geographic area of the State where there is a shortage of such personnel, the most qualified individuals available who are making satisfactory progress toward completing applicable course work necessary to meet the standards described in paragraphs (a) and (b) of this section. (34 CFR §303.119(d))</p>

C. Certifications

The State Lead Agency is providing the following certifications:

Yes	
X	<p>1. The State certifies that ED Form 80-0013, <i>Certification Regarding Lobbying</i>, is on file with the Secretary of Education.</p> <p>With respect to the <i>Certification Regarding Lobbying</i> the State recertifies that no Federal appropriated funds have been paid or will be paid to any person for influencing or attempting to influence an officer or employee of any agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with the making or renewal of Federal grants under this program; that the State shall complete and submit Standard Form-LLL, "Disclosure Form to Report Lobbying," when required (34 CFR Part 82, Appendix B); and that the State Agency shall require the full certification, as set forth in 34 CFR Part 82, Appendix A, in the award documents for all sub awards at all tiers.</p>
X	<p>2. The State certifies that it has met the certifications in the Education Department General Administrative Regulations (EDGAR) at 34 CFR §80.11 relating to State eligibility, authority and approval to submit and carry out the provisions of its State application, and consistency of that application with State law are in place within the State.</p>
X	<p>3. The State certifies that the arrangements to establish financial responsibility for the provision of Part C services among appropriate public agencies under §303.511 and the lead agency's contracts with EIS providers regarding financial responsibility for the provision of Part C services meet the requirements in §§303.500 through 303.521 and are current as of the date of submission of the certification. (34 CFR §303.202)</p>

D. Statement

I certify that the State of Delaware has provided the policies, procedures, methods, descriptions, and assurances checked as 'yes' in Sections II.A and II.B and the certifications required in Section II.C of this application. These provisions meet the requirements of Part C of the Individuals with Disabilities Education Act as found in 20 U.S.C. 1431-1443 (as amended) and the 2011 regulations in 34 CFR Part 303 (as amended). The State will operate its IDEA Part C program in accordance with all of the required policies, procedures, methods, descriptions, assurances and certifications.

If any policies, procedures, methods, descriptions, and assurances have been checked 'no', I certify that the State will operate throughout the period of this grant award consistently with the requirements of the IDEA as found in 20 U.S.C. 1431-1443 (as amended) and the 2011 regulations in 34 CFR Part 303 (as amended), and will make such changes to existing policies and procedures as are necessary to bring those policies and procedures into compliance with the requirements of the IDEA, as amended, as soon as possible, and not later than June 30, 2024. (34 CFR §76.104)

I, the undersigned authorized official of the

Delaware Department of Health and Social Services,

(Name of State and official name of State agency)

am designated under Part C by the Governor of this State to submit this application for FFY 2023 funds under Part C of the Individuals with Disabilities Education Act (IDEA).

Printed/Typed Name and Title of Authorized Representative of the State:

Signature:

Date:

SECTION III

A. Description of Use of Federal IDEA Part C Funds for the State Lead Agency (LA) and the Interagency Coordinating Council (ICC)²

Please Note: Completion of Section IIIA is required for all States, regardless of lead agency.

When completing this section include:

- Totals for the number of lead agency and ICC administrative positions, salaries and fringe benefits funded either 100 percent and/or less than 100 percent with Federal IDEA Part C funds;
- A general description of the duties which the positions entail;
- A distinction between lead agency and ICC roles: insert (LA) or (ICC) in the "Description of Duties;" after each position; and
- A subtotal of the amount.

Identify any administrative positions for which less than 100% of the time is spent on Part C and, for each such position, indicate the percentage of time spent on Part C and the total amount of salary and fringe benefits included in the Part C application budget.

Positions Funded	Number of Positions	% of Time Spent on Part C	Salaries & Fringe Benefits	Description of Duties
100% funded with Part C Funds	14	100%	\$88,423	<p>Public Health Administrator (BP# 3591) – Provide administrative oversight for activities and responsibilities carried out by the Birth to Three Program/Part C, ensuring single line of authority in accordance with Part C of the Individuals with Disabilities Education Act (IDEA).</p> <ul style="list-style-type: none"> ○ Management oversight of federal and state budget reporting ○ Management oversight of annual grant application ○ Manage the administrative functions of the Part C system, ensuring that expenditures are within budget and ensure federal and state requirements achieved in a timely manner. ○ Prepare reports and budgets on the Part C Birth to Three System. ○ Meet Federal and State timelines for submission of reports and applications. ○ Management oversight of program contracts ○ Provide direct and indirect supervision of Birth to Three administrative staff. ○ Work closely within the DHSS with other divisions serving infants and toddlers with disabilities on joint opportunities.

² Federal IDEA Part C funds used to support the SICCC must meet the requirements of 34 CFR §303.603.

Positions Funded	Number of Positions	% of Time Spent on Part C	Salaries & Fringe Benefits	Description of Duties
				<ul style="list-style-type: none"> Coordinate evaluation projects for Birth to Three Early Intervention Program – Child Development Watch (CDW).
		100%	\$77,694	<p>Part C Coordinator (BP# 63681) (LA and ICC)</p> <p>- Provide leadership in developing policy for and maintaining a comprehensive statewide interagency service delivery system for eligible children and their families in accordance with Part C.</p> <ul style="list-style-type: none"> Represent Part C in state committees and councils and in national groups and conferences Work closely within the DHSS with other divisions serving infants and toddlers with disabilities on joint opportunities Provide programmatic guidance to the Program Coordinate evaluation projects for Birth to Three Early Intervention Program – Child Development Watch (CDW) Serve as the primary contact for the Birth to Three Early Intervention Program for national TA center and OSEP staff, and the ITCA Serve as the primary contact for dispute resolution for the Birth to Three Early Intervention Program
		100%	\$68,523	<p>Assistant Part C Coordinator (BP# 67930) (LA and ICC) - Work closely with federally funded technical assistance centers, Part C staff, and stakeholders to carry out activities leading to the development of policies and procedures, materials and resources for child find, and outreach. Assist with the completion of federal and state reports. Plan the activities of the Interagency Coordinating Council, working with the Chair to provide technical assistance as needed.</p>

Positions Funded	Number of Positions	% of Time Spent on Part C	Salaries & Fringe Benefits	Description of Duties
		100%	\$70,639	Data Manager/QM Coordinator (BP# 64175) - Provide data analysis for Annual Performance report and Annual Child Count. Submission of Annual Performance Report. Provide technical assistance to staff and providers on issues pertaining to data. Oversee and coordinate monitoring activities.
		100%	\$77,405	Training Administrator (BP# 66955) - Develop, coordinate and when appropriate, provide training throughout the Birth to Three Early Intervention System. Coordinate personnel development with other state and community training opportunities. Provide technical assistance to staff regarding early intervention issues as necessary. Represent Part C on personnel development.
		100%	\$64,300	Trainer/Educator (BP# 67720) - Provide onsite training and technical assistance to Child Development Watch Service Coordinator staff. Support family service coordinators on family issues relating to the individual needs of families eligible under Part C. Collaborate with the Parent Information Center in the identification and provision of technical assistance and training opportunities for parents of young children with disabilities. Update technical assistance documents and family brochures. Research and present issues related to diversity from family perspective in Part C activities.
		100%	\$68,523	Management Analyst III (BP# 3111) – full time - Manage and monitor contracts to ensure providers are following regulations under Part C. Track and process contractor invoices. Monitor program expenditures to ensure compliance under Part C of IDEA.

Positions Funded	Number of Positions	% of Time Spent on Part C	Salaries & Fringe Benefits	Description of Duties
		100%	\$72,722	Management Analyst III (BP# 3209) - Assist with establishing policies and procedures for parent participation fees and for the collection and data entry of TPL (third party liability) data. Monitor direct service claims, provider rates, provider collections of co- pays and deductibles and enforce TPL inclusion in the data system. Conduct analysis and provide reports on direct service claims. Provide guidance and technical assistance to Child Development Watch staff and early intervention providers on parent participation fees, PM37, and issues regarding private insurance co-pays and deductibles.
		100%	\$37,941	Administrative Specialist (BP# 2476) - Format and word process materials from written drafts. Provide staff support by performing such duties as composing correspondence, maintaining daily calendars, taking and transcribing minutes, scheduling meetings, conferences and screening mail. Be responsible for answering the telephone and deliver information to the public, state and federal personnel. Maintain and assemble notebooks for service coordinators, council members and hearing officers as directed by staff.
		100%	\$51,438	Social Service Specialist II (BP# 69806) – Housed at Child Development Watch- Support service coordinators by linking families, providers and primary care physicians in order to initiate services identified on the IFSP. Disseminate information to assist in the authorization of services from primary care physicians and providers. Provide documentation needed by providers and primary care physicians in order to provide services to eligible families.
		100%	\$48,113	Social Service Administrator Data & Policy Support (Part-time BP# 66243) – Housed at CDW: Provides ongoing onsite data and policy/procedural guidance.

Positions Funded	Number of Positions	% of Time Spent on Part C	Salaries & Fringe Benefits	Description of Duties
		100%	\$35,205	Assessor (Part-time BP# 65640) - Housed at Regional Program – CDW: Provides multidisciplinary assessments and service coordination to potentially Part C eligible children and families.
		100%	\$48,113	Quality Assurance Program Manager (Part-time BP# 53604) - Responsible for conducting statewide electronic and paper chart monitoring of the Birth to Three Regional programs located in Kent, Sussex and New Castle counties to ensure staff working in the regional programs are in compliance with state & federal regulations. will be responsible for developing, implementing, & overseeing quality assurance & improvement activities, providing training & technical assistance to regional program staff & contractors on matters relating to implementation of quality assurance & improvement standards & compliance.
		100%	\$56,116	Management Analyst (Part-time BP# 66260) - Responsible for conducting statewide electronic and paper chart monitoring of the Birth to Three Regional programs located in Kent, Sussex, and New Castle counties to ensure staff working in the regional programs are in compliance with state & federal regulations. will be responsible for developing, implementing, & overseeing quality assurance & improvement activities, providing training & technical assistance to regional program staff & contractors on matters relating to implementation of quality assurance & improvement standards & compliance.
< 100% funded with Part C Funds	0	-	-	-
Subtotal of amount under A:			\$865,155	

B. Maintenance and Implementation Activities for the Lead Agency and the ICC

When completing this section include:

- A description of the nature and scope of each major activity to be carried out under Part C in maintaining and implementing the statewide system of early intervention services:
 - Lead Agency Activities could include enhancing the Comprehensive System of Personnel Development, implementing child find strategies, or ensuring a timely, comprehensive, multidisciplinary evaluation for each child;
 - ICC Activities could include coordinating child find identification efforts, ensuring the timely provision and payment of early intervention services to eligible children and their families, advising on early childhood transition, support for the ICC (travel), or other implementation and development activities of the ICC
- The approximate amount of Federal IDEA Part C funds to be spent for each activity; and
- A subtotal of the amount.

Special Note: Prior Approval

Some direct costs require prior approval. These items include using Federal IDEA Part C funds to pay for: (1) equipment; (2) participant support costs (such as training or travel costs); (3) construction or renovation of facilities; and (4) rent, occupancy or space maintenance costs.³ The October 2019 *Frequently Asked Questions (2019 FAQs) Prior Approval – OSEP and RSA Formula Grants*⁴ which provides prior approval for certain **equipment and participant support costs**. Please review this FAQ at <https://www2.ed.gov/policy/speced/guid/faq-prior-approval-10-29-2019.pdf> prior to completing Section III. B. For any activity or expense listed under Section III of this application that is not covered by the scope of the 2019 FAQs and requires OSEP prior approval, mark an “X” in the chart below. The State must submit supporting documentation for any direct costs that require OSEP prior approval.

Approval of the State’s FFY 2023 application does not constitute OSEP’s approval of these expenses unless specifically referenced. (Add rows as needed)

Major Activity/ Expense	Part C Funds to be Spent	Description of Activities/Expenses (include whether it is for the Lead Agency or SICC)	Prior Approval Needed
Data system maintenance	\$349,240	Contract design work to maintain or enhance Early Childhood data system features as new design of data base is rolled out in FFY 2022.	
Contractual Family Service Coordinators and Assessors	\$500,000	Contracts to include services such as assessments, interpreter and translations services, and family service coordination for the two regional programs.	

³ IDEA and the Uniform Guidance require prior approval for the following expenses: (1) equipment (tangible personal property (including information technology systems) having a useful life of more than one year and a per unit acquisition cost which equals or exceeds the lesser of the capitalization level established by the nonfederal entity for financial statement purposes, or \$5,000 (see 2 CFR §200.33)); (2) participant support costs (direct costs for items such as stipends or subsistence allowances, travel allowances, and registration fees paid to or on behalf of participants or trainees (but not employees), in connection with conferences or training projects 2CFR §200.75; (3) construction/renovation (see 2 CFR §200.12(b)); and (4) rent (see 2 CFR §200.465)).

⁴ Under the 2019 FAQs, OSERS granted prior approval for participant support costs under IDEA that: (1) are associated with required meetings for the SICC; (2) incurred as part of providing services identified on an IFSP under IDEA; (3) do not exceed \$5000 per individual participant per training/conference. In addition, the 2019 FAQs provide prior approval for equipment that is identified on or directly related to the implementation of the IFSP.

Major Activity/ Expense	Part C Funds to be Spent	Description of Activities/Expenses (include whether it is for the Lead Agency or SICC)	Prior Approval Needed
Contractual services for Clinical and Early Childhood Policy Guidance	\$121,926	Contractual services to provide early childhood guidance and expertise on policy development pertaining to evidence-based practices, provide outreach and collaboration with state and community agencies, and assist with trend analysis and planning.	
Child Find and Public Awareness	\$100,000	Supports statewide technology of the Central Directory and online developmental screening and related print materials.	
Contractual Services to Reach Traditionally Underserved Populations	\$50,000	Outreach and targeted child find activities for this targeted population. Funding the partnership contract with the Parent Information Center contract.	
Family Support Activities	\$20,000	Activities such as forums and trainings specifically designed for families. Offset costs of transportation and childcare.	
Comprehensive System of Personnel Development and Training	\$75,000	Funding for the provision of national and statewide training and personnel development initiatives including those coordinated with Delaware's Institute for Excellence in Early Childhood and Delaware Department of Education/Office of Early Learning. Funds to support Birth to Three professional development, including state staff travel to out of state conferences especially those sponsored by US Office of Special Education and Technical Assistance Centers.	
Family Outcomes Survey	\$50,000	Funding for the Annual Family Outcomes Survey by the University of Delaware, required under IDEA to collect data on family outcomes reported in Annual Performance Report.	
Supplies and materials for early intervention programs	\$50,000	Funds for supplies and materials for the Birth to Three Early Intervention Program, including any assessment tools for the regional programs as needed.	

Major Activity/ Expense	Part C Funds to be Spent	Description of Activities/Expenses (include whether it is for the Lead Agency or SICC)	Prior Approval Needed
ICC Support Activities	\$12,000	Funds to obtain services such as printing, room rental and other expenses incurred by ICC responsibilities. Reimbursement of ICC parent members for expenses to attend ICC meetings and representing ICC at state and national meetings.	
Interpretation and translation	\$100,000	Funds to cover the costs of paying for interpreting and translation services.	
Dispute resolution services	\$12,500	Funds to cover the costs related to mediation or due process hearings, including fees for transcription, mediators, and due process hearing officers.	
Audit	\$7,000	Funds to support audit costs within the Division of Public Health of Department of Health and Social Services.	
Subtotal of amount under B:	\$1,447,666		

C. Direct Services (Funded by Federal IDEA Part C Funds)

When completing this section include:

- A description of any direct early intervention service that the State lead agency expects to provide to eligible children and their families with Federal IDEA Part C funds;
- The approximate amount for each direct service (States must disaggregate by service the approximate amount of Federal IDEA Part C funds expected to be expended for each direct service); and
- A subtotal of the amount.

(Add rows as needed.)

Description of Each Direct Early Intervention Service	Approximate Amount of Federal IDEA Part C Funds to be Spent on Each Direct Service
(no federal funds are used to pay for EI services)	
Subtotal of amount under C:	0

D. Activities by Other State Agencies

If State agencies (other than the State lead agency) are to receive a portion of the Federal IDEA Part C funds and that amount is not already identified in Section III.C above, the State must include in this section:

- The name of each State public agency expected to receive funds;
- The approximate amount of funds each State public agency will receive; and
- A summary of the purposes for which the funds will be used.

Provide subtotal of amount. *(Add rows as needed.)*

State Agency Receiving Funds	Amount of Funds	Purpose
-	-	-
Subtotal of amount under D:	0	

E. Description of Optional Use of IDEA Part C Funds⁵

In addition to using Federal IDEA Part C funds to maintain and implement the statewide system of early intervention, States may use funds for:

- expanding and improving on services for infants and toddlers and their families that are otherwise available; and
- initiating, expanding, or improving collaborative efforts related to at-risk infants and toddlers in any State that does not provide services for at-risk infants and toddlers. The application must include:
 - The name of the major activity;
 - The approximate amount of funds to be spent; and
 - A description of the activities.

Provide subtotal of amount. *(Add rows as needed.)*

Major Activity	Part C Funds to be Spent	Description of Activities
-	-	-
Subtotal of amount under E:	0	

⁵ See IDEA section 638.

F. Totals

Enter the subtotal amounts for Sub Sections A-E found in Section III and any indirect costs charged as specified in Section IV.B. The subtotal amounts (Rows 1-6) should total the estimated grant application amount. (A State may apply for less than the full estimated allotted amount.)

Row No.	Section	Amount
Enter the subtotal amounts for Sub Sections A-E found in Section III of this application.		
1.	III.A.	\$865,155
2.	III.B.	\$1,447,666
3.	III.C.	\$
4.	III.D.	\$
5.	III.E.	\$
Enter any Indirect Costs to be Charged (See Section IV.B of this application.)		
6.	IV.B	\$120,662
Total (Rows 1-6)		\$2,433,483

SECTION IV

A. System of Payments / Use of Insurance / Program Income

The State

☒ X does (check as applicable)

☐ does not (check as applicable)

have a system of payments for Part C services under 34 CFR §§303.203(b)(1), 303.500(b), 303.520, and 303.521 which may include the use of public benefits or insurance, private insurance or family fees, such as a sliding scale. Any family fees collected are treated as “program income” for purposes of 2 CFR §200.307(e) and 34 CFR §303.520(e) and are not included in the State’s determination of State and local expenditures for maintenance of effort and non-supplanting purposes of 20 U.S.C. 1437(b)(5)(B) and 34 CFR §303.225(a) and (b).

Note: If the State has adopted new or has revised its existing policies and procedures regarding its system of payments, it must submit these new and/or revised policies and procedures under Item 3.a in Section II.A above.

B. Restricted Indirect Cost Rate/Cost Allocation Plan Information

Pending OSEP approval of restricted indirect cost in Cost Allocation Plan

Under IDEA’s non-supplanting provisions in 20 U.S.C. 1437(b)(5)(B) and Part C regulation in 34 CFR §303.225(c), a lead agency may not charge indirect costs to its Part C grant unless the lead agency charges indirect costs through either— (i) A restricted⁶ indirect cost rate that meets the requirements in 34 CFR §§76.560 through 76.569; or (ii) A cost allocation plan that meets the non-supplanting requirements in paragraph (b) of this section and 34 CFR part 76 of EDGAR.

Check the applicable status below (more than one check mark may be necessary) and enclose appropriate documentation for this Federal Fiscal Year.

☐ No indirect costs are charged to the Part C grant. The total amount of the Federal Part C grant is used for allowable direct costs.

☐ The lead agency is an State educational agency (SEA) and works directly with the U.S. Department of Education’s Indirect Cost Unit to ensure that indirect costs are only charged on a restricted basis to the State’s IDEA Part C grant. The State has a final restricted indirect cost rate agreement that is approved for the period _____ through _____. (Please attach a copy of the most recently approved restricted indirect cost rate agreement or cost allocation plan or other applicable indirect cost documentation.)

☐ The lead agency is not an SEA and has a final restricted indirect cost rate that has been approved by the State lead agency’s cognizant Federal agency and is in effect for this FFY (ending on June 30, 2024) The period of approval for the restricted indirect cost rate agreement is _____ through _____. (The State must attach a copy of the approved restricted indirect cost rate agreement.)

☐ The lead agency is not an SEA and has either a provisional or final restricted indirect cost rate that expires or expired on _____ and the State is in the process of negotiating a new restricted indirect cost rate agreement that will be in effect for the period _____ [please attach proposal].⁷ The State lead agency will continue to charge or bill the Part C grant

⁶ Charging indirect costs on a “restricted” basis is a key part of implementing the IDEA Part C requirement in IDEA section 637(b)(5)(B), which requires that federal funds be used to supplement (and not supplant) “State and local funds expended for infants and toddlers with disabilities and their families. The restricted indirect cost rate formula is described at 34 CFR §§75.564 and 76.565. The formula limits the general administrative costs that can be included in the indirect cost pool (numerator) and requires adjustments to the modified total direct cost (MTDC) base (denominator).

⁷ A “provisional” indirect cost rate is a temporary rate established for a future prospective period of time to permit budgeting, obligations, and payment of funds by awarding agencies until such time as the actual indirect costs can be determined and a final Part C Annual State Application: FFY 2023
OMB No. 1820-0550/Expiration Date: 12/31/2023

Section IV-1

using the provisional or previously approved final restricted indirect cost rate until a new rate is negotiated and approved by the State's cognizant Federal agency, at which point the State lead agency must make appropriate adjustments for applicable FFYs. The State acknowledges that a final restricted indirect cost rate may result in an adjustment of the final audited expenditures allowable to be charged to the Part C grant and the Department's approval of this FFY Part C application with an expired or provisional restricted indirect cost rate does not constitute approval of that rate as the final rate for the lead agency for this FFY. When a final restricted indirect cost rate is approved, the lead agency must submit to OSEP: (1) a copy of the "final" restricted indirect cost rate agreement; and (2) details of adjustments made to past GAPS draw downs in light of the "final" rate. (The State must attach a copy of the previously approved restricted indirect cost rate agreement.)

- ☒ The lead agency is not an SEA and has a final cost allocation plan that has been approved by the State lead agency's cognizant Federal agency, which is _____. The cost allocation plan charges costs only on a restricted basis and has also been approved by ED's Indirect Cost Unit. It is in effect until _____ [insert date or note until amended] for this Federal fiscal year (FFY) (ending on June 30, 2024). (The State must attach a copy of the approved cost allocation plan and approval documentation from both the lead agency's cognizant Federal agency and ED's Indirect Cost Unit.)

rate is established for the applicable period; provisional rates are subject to adjustment by issuance of a "final" rate based on actual indirect costs incurred for the period (usually the organization's fiscal year).

Section 5: FISCAL MANAGEMENT

Policy Name:

5. Fiscal Management

Authority:

Federal: 20 U.S.C §1432(4)(B), §§1435(a)(10)-(12), §§1437(a)(2) and (b), §1438, §1439(a), §1440; 34 CFR §303.1, §§303.201-303.205, §§303.120-122, §§303.221-303.226, §303.500 et seq; 2 CFR Part 200, EDGAR, and ED Guidance

State: Delaware Code Title 16, Chapter 2, Subchapter II, §213(7); and Chapter 10

Office:

Department of Health and Social Services, Birth to Three Early Intervention Program

Last Review Date:

~~New~~ REVISED APRIL 3, 2023

OSEP Approval Date:

~~August 17, 2024~~ PENDING OSEP APPROVAL

Effective Date:

~~January 3, 2022~~ PENDING OSEP APPROVAL

Purpose

To define the fiscal responsibilities of the Birth to Three Early Intervention Program within the Department of Health and Social Services (DHSS), the Lead Agency under Part C of IDEA, and the requirements to facilitate the coordination of payment for early intervention services from federal, state, local, and private sources.

Policies

A. Implement the Birth to Three Early Intervention Program, including:

1. The assurance that Part C funds are used as payor of last resort;
2. The identification and coordination of resources for early intervention services;
3. Assignment of financial responsibility, including fiscal controls for funds and property;
4. Maintenance of a System of Payments policy, ~~including a sliding fee scale and cost participation by families~~ that is described in *Section 6: System of Payments* of these policies and procedures;
5. Prohibition against supplanting, also known as maintenance of effort (MOE), as defined in *Section 1: Definitions* of these policies and procedures, is met;

6. The assurance that Part C funds shall not be used to satisfy a financial commitment for services that would otherwise have been paid for from another public or private source, including that Federal Part C funds:
 - a. Are not commingled with state funds and
 - b. Are used to supplement the level of state and local funds expended for infants and toddlers with disabilities and their families and in no case to supplant those state and local funds.
 7. The allowance to use federal Part C funds in order to prevent a delay in the timely provision of early intervention services in those cases when there is a pending reimbursement from an agency or entity who is ultimately responsible;
 8. Monitoring of funds and assuring the federal Part C funds are encumbered and expended within the required timelines; and
 9. The development and annual submission of the federal Part C grant, including the budget.
- B. The Birth to Three Early Intervention Program assumes the fiscal responsibilities noted above through its annual Part C application to the Office of Special Education Programs (OSEP).
- C. The Birth to Three Early Intervention Program:
1. Does not elect to include in its grant application the option under 34 CFR 303.211 and
 2. Does not make use of Part C funds for the provision of free appropriate public education (FAPE) to toddlers with disabilities from their third birthday to the beginning of the following school year.
- D. The Birth to Three Early Intervention Program does not provide services for at-risk infants and toddlers but does use federal Part C funds to ensure an effective, interagency child find system.
- E. Fiscal Controls
1. The Birth to Three Early Intervention Program ensures that fiscal control and fund accounting procedures have been adopted as necessary to ensure proper disbursement of, and accounting for, federal funds paid under Part C of IDEA.
 2. The Birth to Three Early Intervention Program maintains a policy in effect pertaining to contracting or making other arrangements with public or private service providers to provide early intervention services. The policy includes:
 - a. A requirement that all early intervention services provided by the Birth to Three Early Intervention Program and its intra-agency and interagency partners must meet the requirements defined in these policies;

- b. The mechanisms that the Birth to Three Early Intervention Program uses in arranging for these services, including the process by which contracts or other arrangements are made;
- c. The basic requirements that must be met by any individual or organization seeking to provide these services; and
- d. The Birth to Three Early Intervention Program assurance that when arranging for services, State Procurement policies are followed.

F. The Birth to Three Early Intervention Program maintains procedures that:

- 1. Provide, or purchase through contracts, early intervention services as defined in *Section 16: Early Intervention Services* of these policies and procedures, from early intervention service providers that meet the qualifications as defined by the Birth to Three Early Intervention Program in *Section 17: Comprehensive System of Personnel Development and Personnel Standards* of these policies and procedures;
- 2. Establish and maintain necessary cost accounting systems according to general accounting principles and Delaware's Office of Management and Budget (OMB) *Budget and Accounting Policy Manual* to properly record, and allocate separately, the revenue and expenses for federal Part C of the IDEA funds, state-funded early intervention services, Medicaid funds, and private health insurance funds that are billed through the Birth to Three Early Intervention Program – Child Development Watch, local funds, and other funds used for the purchase of early intervention services; and
- 3. Ensure that Part C of IDEA funds are:
 - a. Used only as payor of last resort;
 - b. May be used to reimburse a parent for copayments and deductibles for early intervention services documented on his or her child's IFSP; and
 - c. For purposes of accounting, not commingled with any other funds received.

G. ~~The Birth to Three Early Intervention Program~~ DHSS maintains a signed interagency agreement between EACH OF the following state agencies that have financial and/or service provision responsibilities for infants and toddlers in the Birth to Three Early Intervention Program:

- 1. Department of Education;
- 2. Department of Services for Children, Youth, and Their Families; and
- 3. ~~Department of Health and Human Services~~ **DHSS**.

H. The Birth to Three Early Intervention Program maintains methods for resolving intra-agency or interagency disputes about early intervention payments, services, or other matters to ensure that there is a timely resolution of the issues and that no services for a child or family enrolled in the Birth to Three Early Intervention Program are delayed or denied because of the dispute between agencies.

- I. The Birth to Three Early Intervention Program requires that any early intervention program or provider agency that expends \$750,000 or more during the program or agency's fiscal year in federal awards shall have a single or program-specific audit conducted for that year.
- J. The Birth to Three Early Intervention Program ensures that it:
 1. Makes reports in the form of and containing the information that the OSEP may require; and
 2. Keeps records and affords access to those records as OSEP may find necessary to ensure compliance with the requirements of Part C of IDEA, the correctness and verification of reports, and the proper disbursement of funds provided under Part C of IDEA.

Procedures

PR-A In circumstances related to interagency or intra-agency disputes about fiscal matters, the Birth to Three Early Intervention Program shall adhere to the following process:

- ~~1. During a dispute, the Birth to Three Early Intervention Program is responsible for assigning financial responsibility to the appropriate agency, dependent upon the facts and nature of the situation.~~
- ~~2. If during the course of the resolution of the dispute, it is determined that the assignment of financial responsibility was inappropriately made, then the Birth to Three Early Intervention Program shall reassign financial responsibility to the appropriate agency and make arrangements for reimbursement of any expenditures incurred by the agency that was originally assigned financial responsibility.~~
- ~~3. Through the dispute resolution above, the Birth to Three Early Intervention Program ensures that services are provided to children who are eligible for the Birth to Three Early Intervention Program and their families in a timely manner regardless of disputes regarding financial or other responsibilities.~~
1. DHSS AND THE INTERAGENCY PARTNERS SHALL IMPLEMENT THE PROVISIONS OF AN MOU IN ORDER TO ACHIEVE TIMELY RESOLUTION OF DISPUTES BETWEEN DHSS AND DOE ABOUT PAYMENTS FOR A GIVEN SERVICE, OR DISPUTES ABOUT OTHER MATTERS RELATED TO THE STATE'S EARLY INTERVENTION SERVICE PROGRAM.
2. WHEN SUCH A DISPUTE ARISES, DHSS'S IDEA PART C COORDINATOR AND THE INTERAGENCY PARTNER'S DIRECTOR, SHALL PROMPTLY MEET TO ATTEMPT RESOLUTION OF THE DISPUTE. IF DHSS'S IDEA PART C COORDINATOR AND THE INTERAGENCY PARTNER DIRECTOR, OR DESIGNEE(S), ARE NOT ABLE TO RESOLVE THE DISPUTE WITHIN TEN CALENDAR DAYS, THEY SHALL FORWARD THE ISSUES TO THE OFFICE OF EACH AGENCY'S CABINET SECRETARY. IF THOSE OFFICES ARE NOT

ABLE TO RESOLVE THE DISPUTE WITHIN TEN CALENDAR DAYS, THEY SHALL SEND A COLLECTIVE MEMO REFERRING THE DISPUTE TO THE GOVERNOR, OR DESIGNEE, WHO WILL ISSUE A FINAL DETERMINATION, WHICH DETERMINATION WHICH SHALL BE BINDING UPON DHSS AND THE INTERAGENCY PARTNER.

3. WHEN DISPUTES ARE UNDER CONSIDERATION, DHSS SHALL ENSURE THAT EARLY INTERVENTION SERVICES FOR THE CHILD AND FAMILY ARE TIMELY PROVIDED WITHOUT DELAY PENDING RESOLUTION OF THE DISPUTE BETWEEN DHSS AND DOE, AND SHALL:
 - a. ASSIGN FINANCIAL RESPONSIBILITY TO AN AGENCY OR WILL SEE THAT SERVICES ARE PAID FOR IN ACCORD WITH "PAYOR OF LAST RESORT" PROVISION;
 - b. REASSIGN FINANCIAL RESPONSIBILITY UPON THE RESOLUTION OF A DISPUTE IF THE LEAD AGENCY DETERMINES THE ORIGINAL ASSIGNMENT OF FINANCIAL RESPONSIBILITY WAS INAPPROPRIATE; AND
 - c. MAKE ARRANGEMENTS FOR REIMBURSEMENT OF EXPENDITURES INCURRED BY THE AGENCY ORIGINALLY ASSIGNED RESPONSIBILITY. (34 CFR §303.511(C)(3)).

PR-B. The Birth to Three Early Intervention Program shall enroll early intervention service providers who agree to provide services to eligible children and families and utilize all available funding sources so that the federal Part C funds are the payor of last resort.

~~PR-C. When possible, the two programs will encourage early intervention service providers to participate in the Medicaid managed care provider network.~~

Guidance and Related Documents

State of Delaware, Office of Management and Budget (OMB):

<https://budget.delaware.gov/accounting-manual/documents/budget-accounting-manual.pdf?ver=0114>

Section 6: SYSTEM OF PAYMENTS

Policy Name:

6. System of Payments

Authority:

Federal: 20 U.S.C §§1435(10)(B)-(F), §§1438(1)-(2); 34 CFR §§303.520-528

State: Delaware Code Title 16, Chapter 2, Subchapter II, §213(7)

Office:

Department of Health and Social Services, Birth to Three Early Intervention Program

Last Review Date:

~~Technical revisions only 2020~~, REVISED APRIL 3, 2023

OSEP Approval Date:

~~August 17, 2021~~ PENDING OSEP APPROVAL

Effective Date:

~~January 3, 2022~~ PENDING OSEP APPROVAL

Purpose

To define policies and procedures developed to comply with the IDEA 2004 statute and regulations for Part C (effective October 28, 2011). These policies and procedures describe THE DELAWARE BIRTH TO THREE EARLY INTERVENTION PROGRAM'S SYSTEM OF PAYMENTS. ~~they may share in the cost of early intervention services for their child by paying insurance premiums and by allowing early intervention service providers to access their insurance coverage. Also, depending on the private insurance plan, out of pocket expenses may be incurred due to deductibles, co-pays, and/or co-insurance.~~

Policies

- A. The Delaware Health and Social Services (DHSS), Birth to Three Early Intervention Program assures that families ~~shall not be charged for the~~ BE PROVIDED, AT NO cost, of the following required functions; ~~including~~:
1. Implementing the child find ~~activities~~ REQUIREMENTS;
 2. Evaluation ~~and assessment~~ and related functions to determine initial and ongoing eligibility;
 3. ASSESSMENT AND RELATED FUNCTIONS TO IDENTIFY CHILD'S AND FAMILY'S UNIQUE NEEDS AND SERVICES TO MEET THE CHILD'S AND FAMILY'S UNIQUE NEEDS;
 - 3.4. Service coordination SERVICES;

4. ~~Development, review and evaluation of the Individualized Family Service Plan (IFSP) or Interim IFSP;~~
5. ~~Transition services; and;~~
- 6.5. ~~Administrative and coordinative activities related to: THE PROVISION OF procedural safeguards, also known as Parent Rights~~
 - a. ~~THE DEVELOPMENT, REVIEW AND EVALUATION OF THE INDIVIDUALIZED FAMILY SERVICE PLAN (IFSP) OR INTERIM IFSP, IN ACCORDANCE WITH SECTION 15 OF THESE POLICIES AND PROCEDURES; AND~~
 - b. ~~THE IMPLEMENTATION OF THE PROCEDURAL SAFEGUARDS AND OTHER COMPONENTS OF THE STATEWIDE PROGRAM OF EI SERVICES, IN ACCORDANCE WITH SECTION 20 OF THESE POLICIES AND PROCEDURES.~~

~~B. Family Fees~~

1. ~~The inability of a family to pay for services shall not result in a delay or denial of early intervention services, and if the family meets the State's definition of inability to pay, all early intervention services must be provided at no cost to the family.~~
2. ~~The ability of an eligible child's family to pay for early intervention services is defined using the part of the Department of Health and Social Services Sliding Fee Scale that applies to families above 200% of the poverty level.~~
3. ~~The inability to pay is defined as a family living at or below 200% of the federal poverty level.~~
4. ~~The following conditions shall apply to family fees:~~
 - a. ~~Families living above 200% of the federal poverty level who have been denied access to public and private insurance, will pay 100% of cost-sharing or fees, although exemptions may be made due to financial hardships.~~
 - b. ~~Families with public benefits or insurance, or private insurance, will not be charged disproportionately more than families who do not have public benefits or insurance, or private insurance.~~
 - c. ~~Families will not be charged an amount that exceeds the actual cost of providing a particular early intervention service, factoring in any amount received from other sources of payment for that service.~~
 - d. ~~Families living at or below 200% of the federal poverty level are determined to have the inability to pay and are exempt from any cost-sharing or fees.~~
 - e. ~~For those families with the inability to pay, if the parent consents to using private insurance to pay for early intervention services, the Birth~~

~~to Three Early Intervention Program pays the co-pay and/or deductibles.~~

~~f. Ability to pay, family fees, copayments, and deductibles shall be discussed during the initial Individualized Family Service Plan (IFSP) meeting.~~

~~g. Notification of the determination of family fees shall be provided once the family submits the required documentation, and annually thereafter.~~

B. THE BIRTH TO THREE EARLY INTERVENION PROGRAM SHALL NOT CHARGE ANY FAMILY FEES FOR EARLY INTERVENTION SERVICES, AS DEFINED IN 34 CFR SECTION 303.13, THAT ARE IDENTIFIED IN THE CHILD'S IFSP.

C. Delaware's Birth to Three Early Intervention Program is permitted, but not required, to use Part C or other funds to pay for costs such as deductibles, co-pays, or co-insurance.

D. Part C funds may be used to prevent a delay in the timely provision of early intervention services, pending reimbursement from the agency or entity that has ultimate responsibility for the payment.

~~E. The following shall be adhered to by the Department of Health and Social Services DHSS in developing Part C/Early Intervention provider contracts with vendors:~~

- ~~1. Vendors shall agree to bill Third Party insurance, including Medicaid, Delaware Healthy Children's Insurance Program (hereafter referred to as CHIP, and TRICARE), and families, with informed written parental consent, if required.~~
- ~~2. Client fees shall be based on the DHSS Sliding Fee Scale when families are over 200% of poverty, referenced in Section F(2) of this policy, and when use of public or private insurance is denied by the family.~~
- ~~3. No client fees shall be charged if parents are below 200% of the poverty level.~~

F.E. If a parent wishes to contest the imposition of a fee or the State's determination of the parent's ability to pay, he or she may:

1. Request and participate in mediation in accordance with *Section 21: Dispute Resolution (C)* of these policies and procedures; and/or
2. File a state complaint in accordance with *Section 21: Dispute Resolution (B)* of these policies and procedures; and/or
3. Request a due process hearing in accordance with *Section 21: Dispute Resolution (D)* of these policies and procedures; and/or
4. Use any other procedure established by the State for the speedy resolution of financial claims, provided that such use does not delay or deny the parent's procedural rights, including the right to pursue, in a timely manner, the options in **F E (1)-(3)** above.

G.F. The family service coordinator shall inform parents of their procedural safeguards under this policy by providing parents with a copy of the System of Payments policy when obtaining informed written parental consent TO USE PRIVATE OR PUBLIC INSURANCE AND BENEFITS, AND TO SHARE PERSONALLY IDENTIFIABLE INFORMATION FOR THE PURPOSES OF BILLING for: ~~provision of early intervention services at the initial, annual, or review of the, in accordance with Section 15: Individualized Family Service Plan of these policies procedures and:~~

- ~~1. Inform the family that deductibles, co-pays, and co-insurance fees are the financial responsibility of the family, unless it is determined the family is unable to pay; and~~
1. THE INITIAL PROVISION OF EARLY INTERVENTION SERVICES IN THE CHILD'S IFSP; AND
- ~~2. Explain and provide a copy of the *System of Payments Policy* handout to each family during the initial home visit conducted by the family service coordinator as part of discussion of the *Guide to Parent Rights*.~~
2. ANYTIME INFORMED WRITTEN PARENTAL CONSENT FOR SERVICES IS REQUIRED DUE TO AN INCREASE IN FREQUENCY, LENGTH, DURATION, OR INTENSITY IN THE PROVISION OF SERVICES IN THE CHILD'S IFSP.

G. EARLY INTERVENTION SERVICE PROVIDER AGENCIES SHALL BE REQUIRED, IN THE EARLY INTERVENTION SERVICES CONTRACT, TO BILL THIRD PARTY INSURANCE, INCLUDING MEDICAID, DELAWARE HEALTHY CHILDREN'S INSURANCE PROGRAM (HEREAFTER REFERRED TO AS CHIP), AND TRICARE, WITH INFORMED WRITTEN PARENTAL CONSENT.

H. IF THE PARENT DOES NOT PROVIDE CONSENT TO ACCESS PUBLIC OR PRIVATE INSURANCE, THE BIRTH TO THREE EARLY INTERVENTION PROGRAM SHALL STILL MAKE AVAILABLE THOSE PART C SERVICES ON THE IFSP TO WHICH THE PARENT HAS PROVIDED INFORMED WRITTEN CONSENT.

H.I. Use of both public and private insurance to pay for early intervention services:

1. Families who have both private insurance and public benefits or insurance shall be informed that payment for services shall be billed in the following sequential order, PROVIDED THAT THE FAMILY HAS PROVIDED INFORMED WRITTEN CONSENT:
 - a. First to be billed is private insurance:
 - b. Second to be billed is public ~~benefits or insurance~~ OR BENEFITS; and
 - c. THIRD TO BE BILLED ARE THE STATE EARLY INTERVENTION FUNDS; AND
 - d. ~~Third Last to be billed is~~ ARE the federal Part C ~~payor of last resort~~ fundS AS PAYOR OF LAST RESORT.

2. When families have both private insurance and public insurance, the use of private insurance is a prerequisite to the use of public insurance if the parent has provided informed written parental consent TO THE USE OF PRIVATE INSURANCE, in accordance with *Section 20: Procedural Safeguards* of these policies and procedures, to use private insurance to pay for early intervention services for his or her child, and includes:

- a. Informed written parental consent for the initial provision of an early intervention service in the IFSP; and
- b. Each time informed written parental consent for services is required due to an increase in frequency, length, duration, or intensity in the provision of services in the child's IFSP, in accordance with *Section 20: Procedural Safeguards* of these policies and procedures.

- I. ~~A family service coordinator shall provide a copy of the *System of Payments Policy* handout to the parent during the initial home visit covering procedural safeguards, and shall inform the family:~~

1. ~~Of the potential costs that the parent may incur as a result of using their private insurance to pay for early intervention services;~~
2. ~~That the policy shall be offered to the parent again anytime informed written parental consent is needed to increase services in the child's IFSP;~~
3. ~~In cases where these out-of-pocket expenses are high and the family cannot pay the full cost without causing financial hardship, the family may request to complete the Delaware *Early Intervention Financial Assistance Form* for consideration of financial assistance towards a reduction or waiver of these costs based on the family's ability to pay; and~~
4. ~~That no other cost shall be billed to families after out-of-pocket expenses for early intervention services.~~

- J. ~~Any available private and public health insurance, including any medical program administered by the Secretary of Defense, such as Tricare, shall be utilized to pay for Part C services, provided informed written parental consent has been provided.~~

- K. ~~Financial hardship is defined as when families are willing but unable to meet their financial obligations because of unexpected events or unforeseen changes that impact cash flow, including but not limited to:~~

1. ~~A change in income or expenditures;~~
2. ~~Any significant and/or ongoing medical expense(s);~~
3. ~~A change in employment status (i.e., loss of job or reduced hours);~~
4. ~~A significant life event (i.e., divorce, relationship breakdown, injury, illness or death in the family); or~~
5. ~~An emergency or natural disaster.~~

- L.J. Use of public benefits or insurance to pay for early intervention services:

1. Parents shall not be required to sign up for or enroll in a public benefits or insurance program as a condition for their child to receive early intervention services if that child or parent is not already enrolled in a public benefits or insurance program.
2. The family service coordinator shall provide prior written notice, using the *Notification of Medicaid Assess ACCESS form*, prior to using Medicaid and the Delaware **CHIP** ~~Heathy Children's Insurance Program~~, and:
 - ~~a. The family service coordinator shall obtain informed written parental consent, to share personally identifiable information prior to the program using public insurance of a child or parent if that child or parent is enrolled in such a program after being determined eligible for early intervention services;~~
 - a. IN ACCORDANCE WITH 34 §CFR 303.414(b), because Medicaid and the ~~Heathy Children's Insurance Program~~ **CHIP**, are administered by the DHSS, the same agency that administers the Birth to Three Early Intervention Program, the family service coordinator is not required to gain informed written parental consent for disclosure of personally identifiable information for billing purposes from parents who are enrolled in these two **DHSS** public benefits and insurance programs.
 - ~~b. If the parent does not provide written parental consent for the use of the child's or parent's public insurance when such written parental consent is required, the early intervention services identified in the IFSP shall still be made available for those services which the parent has provided written consent for initiation; and~~
 - b. THE FAMILY SERVICE COORDINATOR SHALL BE REQUIRED TO OBTAIN INFORMED WRITTEN PARENTAL CONSENT IN ORDER FOR THE PROGRAM TO ACCESS AND USE OTHER PUBLIC INSURANCE AND BENEFITS, SUCH AS TRICARE, THAT IS ADMINISTERED BY THE SECRETARY OF DEFENSE, TO PAY FOR PART C SERVICES.
 - ~~c. Because Medicaid and the Heathy Children's Insurance Program, are administered by the DHSS, the same agency that administers the Birth to Three Early Intervention Program, the family service coordinator is not required to gain informed written parental consent for disclosure of personally identifiable information for billing purposes from parents who are enrolled in these two public benefits and insurance programs.~~
3. The Birth to Three Early Intervention Program assures that the use of ~~Medicaid and CHIP~~ PUBLIC INSURANCE shall not:
 - a. Decrease available lifetime coverage or any other insured benefit for the child or parent UNDER THAT PROGRAM;
 - b. Result in the child's parents paying for services that would otherwise have been paid for by the public benefits or insurance program;

- c. Result in any increase in premiums or cancellation of public benefits or insurance for the child or parents; ~~and OR~~
- d. Risk the loss of eligibility for the child or the child's parents for home- and community-based waivers based on total health-related costs.

K. FAMILIES WITH PRIVATE INSURANCE

1. THE FAMILY SERVICE COORDINATOR PROVIDES PRIOR WRITTEN NOTICE TO THE PARENT OF THE PROGRAM'S INTENT TO USE PRIVATE INSURANCE TO PAY FOR PART C SERVICES FOR THE CHILD AND DESCRIBES THE PROTECTIONS UNDER THE SYSTEM OF PAYMENT POLICY.
2. PRIOR TO GAINING INFORMED WRITTEN PARENTAL CONSENT TO USE THE PARENT'S PRIVATE INSURANCE TO PAY FOR EARLY INTERVENTION SERVICES IN THEIR CHILD'S IFSP, THE FAMILY SERVICE COORDINATOR SHALL EXPLAIN THAT THE PARENT MAY BE RESPONSIBLE FOR PAYMENT OF THE INSURANCE PREMIUM.
3. INFORMED WRITTEN PARENTAL CONSENT MUST BE OBTAINED:
 - a) WHEN THE BIRTH TO THREE EARLY INTERVENTION PROGRAM SEEKS TO USE THE PARENT'S PRIVATE INSURANCE OR BENEFITS TO PAY FOR THE INITIAL PROVISION OF AN EARLY INTERVENTION SERVICE IN THE IFSP; AND
 - b) EACH TIME CONSENT FOR SERVICES IS REQUIRED UNDER 34 CFR §303.420(a)(3) DUE TO AN INCREASE IN FREQUENCY, LENGTH, DURATION, OR INTENSITY IN THE PROVISION OF SERVICES IN THE CHILD'S IFSP.

M.L. Families without insurance:

1. ~~The DHSS Sliding Fee Scale shall be applied as described above when families are uninsured and do not qualify for Medicaid or the Delaware Healthy Children's Insurance Program.~~ THE BIRTH TO THREE EARLY INTERVENTION PROGRAM MAY NOT REQUIRE A PARENT TO SIGN UP FOR OR ENROLL IN PUBLIC OR PRIVATE INSURANCE AS A CONDITION OF RECEIVING PART C SERVICES AND MUST OBTAIN CONSENT PRIOR TO USING THE PUBLIC BENEFITS OR INSURANCE OF A CHILD OR PARENT IF THAT CHILD OR PARENT IS NOT ALREADY ENROLLED IN SUCH A PROGRAM.
2. If a family does not have insurance, they and their child shall not be denied or delayed receiving early intervention services BECAUSE THEY LACK PUBLIC OR PRIVATE INSURANCE.

Procedures

This section intentionally left blank

Guidance and Related Documents

(THE FOLLOWING DOCUMENTS WILL BE REVIEWED AND REVISED, IF NECESSARY, ONCE THE POLICY IS APPROVED)

System of Payments Policy Handout:

<https://dhss.delaware.gov/dhss/dph/birthtothree/files/systmpymntspolcy.pdf>

Consent to Access Family's Health Insurance Form:

<https://dhss.delaware.gov/dhss/dph/birthtothree/files/fmlyhlthinsconsentfrm.pdf>

Notification of Medicaid Access Form:

<https://dhss.delaware.gov/dhss/dph/birthtothree/files/medcdaccsnotiffrm.pdf>

Birth to Three Early Intervention Program Financial Assistance Form:

<https://dhss.delaware.gov/dhss/dph/birthtothree/files/prtcfinancialasstncefrm.pdf>

Delaware DHSS Sliding Fee Scale (Policy Memorandum #37):

<https://www.dhss.delaware.gov/dhss/admin/policy/files/pm37.pdf>

Section 16: EARLY INTERVENTION SERVICES

Policy Name:

16. Early Intervention Services

Authority:

Federal: 20 USC §1432(4), §1435(a)(2), §1436(a)(2), §§1436(d)(4)-(5); 34 CFR §303.13, §303.16, §303.32, §303.442(d)(i) and §303.444

State: Delaware Code Title 16, Chapter 2, Subchapter II, §212(2)

Office:

Department of Health and Social Services, Birth to Three Early Intervention Program

Last Review Date:

Revised-2020-REVISED APRIL 3, 2023

OSEP Approval Date:

August 17, 2021-PENDING OSEP APPROVAL

Effective Date:

January 3, 2022-PENDING OSEP APPROVAL

Purpose

To describe the early intervention services that are provided to eligible infants and toddlers and their families through the Birth to Three Early Intervention Program.

Policies

A. Early intervention services mean developmental services that:

1. Are provided under public supervision;
2. Are selected in collaboration with the parents;
3. Are provided at no cost, except where subject to ~~these policies and procedures and~~ *Section 6: System of Payments* of these policies and procedures, ~~including a schedule of sliding fees~~;
4. Are designed to meet the developmental needs of an infant or toddler with a disability and the needs of the family to assist in supporting their infant's or toddler's development, as identified in the Individualized Family Service Plan (IFSP) in any one or more of the following areas, including:
 - a. Physical development (including vision, hearing, gross and fine motor development, quality of movement, and health status);

- b. Cognitive development (including mental processes of perception, memory, judgment, and reasoning, such as cause and effect, object permanence, or engaging in symbolic play);
 - c. Communication development (including expressive and receptive language, and other skills as defined in *Section 1: Definitions* of these policies and procedures);
 - d. Social or emotional development (ability to form secure relationships with others, experience and handle their own feelings, regulate their emotions, and get along with children and adults); or
 - e. Adaptive development (self-help skills, such as feeding and dressing).
5. Meet the Delaware program standards, including the requirements of Part C of the IDEA;
 6. Are provided by qualified personnel;
 7. To the maximum extent appropriate, are provided in natural environments, as defined in *Section 1: Definitions* and consistent with *Section 15: Individualized Family Service Plan (B)(9)(h) and (i)* of these policies and procedures;
 8. Include strategies that are intended to support the day-to-day routines, activities, and places that promote learning opportunities for an individual child and family; and
 9. Are provided in conformity with an IFSP.

B. The Birth to Three Early Intervention Program assures that:

1. Early intervention services are:
 - a. Based on scientifically based research to the extent practicable;
 - b. Are available statewide to all infants and toddlers with disabilities and their families; and
 - c. Are provided to meet the unique developmental needs of an eligible infant or toddler designed to:
 - i. Enhance the capacity of a parent or other caregiver to support a child's well-being, development, and learning;
 - ii. Support full participation of a child in his or her community; and
 - iii. Meet a child's developmental needs within the context of the concerns and priorities of his or her family and the family's daily activities and routines.
2. All available resources that pay for early intervention services shall be identified and coordinated, including, but not limited to, federal, state, local, and private sources;
3. Early intervention services are initiated in a timely manner, as determined by the State of Delaware, to the maximum extent possible using the following criteria:

- a. Delaware defines timely service delivery (SPP Indicator 1) as the actual service start date for an early intervention service to be within 30 days of the informed written parental consent for that service.
 - b. A statement of reason for exceptional and non-exceptional family circumstance surrounding a delay in service provision shall be documented in the child's electronic record in the statewide database with supplemental documentation in the paper record, if appropriate.
4. Early intervention services include the following:
- a. Assistive technology device means any item, piece of equipment, or product system, whether acquired commercially off the shelf, modified, or customized, that is used to increase, maintain, or improve the functional capabilities of an infant or toddler with a disability. The term does not include a medical device that is surgically implanted, including a cochlear implant, or the optimization (e.g., mapping) maintenance, or replacement of that device.
 - b. Assistive technology service means any service that directly assists a child in the selection, acquisition, or use of an assistive technology device, such as:
 - i. The evaluation of the needs of a child, including a functional evaluation of the child in the child's customary environment;
 - ii. Purchasing, leasing, or otherwise providing for the acquisition of assistive technology devices by children with disabilities;
 - iii. Selecting, designing, fitting, customizing, adapting, applying, maintaining, repairing, or replacing assistive technology devices;
 - iv. Coordinating and using other therapies, interventions, or services with assistive technology devices, such as those associated with existing education and rehabilitation plans and programs;
 - v. Training or technical assistance for a child with a disability or, if appropriate, that child's family; and
 - vi. Training or technical assistance for professionals (including individuals providing education or rehabilitation services) or other individuals who provide services to or who are otherwise substantially involved in the major life functions of children with disabilities.
 - c. Audiology services include:
 - i. Identification of children with auditory impairments, using at-risk criteria and appropriate audiologic screening techniques;

- ii. Determination of the range, nature, and degree of hearing loss and communication functions by use of audiological evaluation procedures;
 - iii. Referral for medical and other services necessary for the habilitation or rehabilitation of a child with a disability who has an auditory impairment;
 - iv. Provision of auditory training, aural rehabilitation, speech reading and listening devices, orientation and training, and other services;
 - v. Provision of services for prevention of hearing loss; and
 - vi. Determination of the child's individual amplification, including selection, fitting, and dispensing appropriate listening and vibrotactile devices, and evaluation of the effectiveness of those devices.
- d. Family training, counseling, and home visits mean services provided, as appropriate, by social workers, psychologists, and other qualified personnel to assist the family of a child with a disability in understanding the special needs of the child and enhancing the child's development.
- e. Health services are services necessary to enable an otherwise eligible child to benefit from the other early intervention services.
 - i. Health services include:
 - 1. Such services as clean intermittent catheterization, tracheostomy care, tube feeding, the changing of dressings or colostomy collection bags, and other health services, and
 - 2. Consultation by physicians with other service providers concerning the special health care needs of eligible infants and toddlers that will need to be addressed in the course of providing other early intervention services.
 - ii. Health services shall not include services that are:
 - 1. Surgical in nature (cleft palate surgery, surgery for club foot, or the shunting of hydrocephalus);
 - 2. Purely medical in nature (such as hospitalization for management of congenital heart ailments, or the prescribing of medicine or drugs for any purpose;
 - 3. Related to the implementation, optimization (e.g., mapping), maintenance, or replacement of a medical device that is surgically implanted, including a cochlear implant;

- 4. Devices (such as heart monitors, respirators and oxygen, and gastrointestinal feeding tubes and pumps) necessary to control or treat a medical condition; and
 - 5. Medical-health services (such as immunizations and regular “well-baby” care) that are routinely recommended for all children.
 - iii. Nothing in this section on health services limits the right of a child with a surgically implanted device (e.g., cochlear implant) to receive the early intervention services that are identified in the child’s IFSP as being needed to meet the child’s developmental outcomes.
 - iv. Nothing in this section prevents early intervention program personnel from routinely checking that either the hearing aid or the external components of a surgically implanted device (e.g., cochlear implant) of a child are functioning properly.
- f. Medical services mean services provided by a licensed physician for diagnostic or evaluation purposes to determine a child’s developmental status and need for early intervention services.
- g. Nursing services include:
 - i. The assessment of health status for the purpose of providing nursing care, including the identification of patterns of human response to actual or potential health problems;
 - ii. The provision of nursing care to prevent health problems, restore, or improve functioning, and promote optimal health and development; and
 - iii. The administration of medications, treatments, and regimens prescribed by a licensed physician.
- h. Nutrition services include:
 - i. Conducting assessments of:
 - 1. The child’s nutritional history and dietary intake;
 - 2. Anthropometric, biochemical, and clinical variables;
 - 3. Feeding skills and feeding problems; and
 - 4. Food habits and food preferences.
 - ii. Developing and monitoring of appropriate plans to address the nutritional needs of children eligible under Part C, based on the findings of the assessments above; and
 - iii. Making referrals to appropriate community resources to carry out nutrition goals.
- i. Occupational therapy includes:

- i. Services designed to address the functional needs of a child related to adaptive development; adaptive behavior; play; and sensory, motor, and postural development.
 - ii. These services are designed to improve the child's functional ability to perform tasks in home and community settings and include:
 - 1. Identification, assessment, and intervention;
 - 2. Adaptation of the environment, and selection, design, and fabrication of assistive and orthotic devices to facilitate development and to promote the acquisition of functional skills; and
 - 3. Prevention or minimization of the impact of initial or future impairment, delay in development, or loss of functional ability.
- j. Physical therapy includes:
 - i. Those services identified to address the promotion of sensorimotor function through enhancement of musculoskeletal status, neurobehavioral organization, perceptual and motor development, cardiopulmonary status, and effective environmental adaptation.
 - ii. Physical therapy services include:
 - 1. Screening, evaluation, and assessment of children to identify movement dysfunction;
 - 2. Obtaining, interpreting, and integrating information appropriate to program planning to prevent, alleviate, or compensate for movement dysfunction and related functional problems; and
 - 3. Providing individual and group services or treatment to prevent, alleviate, or compensate for movement dysfunction and related functional problems.
- k. Psychological services include:
 - i. Administering psychological and developmental tests and other assessment procedures;
 - ii. Interpreting assessment results;
 - iii. Obtaining, integrating, and interpreting information about child behavior and child and family conditions related to learning, mental health, and development; and
 - iv. Planning and managing a program of psychological services, including psychological counseling for children and parents,

family counseling, consultation about child development, parent training, and education programs.

I. Sign language and cued language services include:

- i. Teaching sign language, cued language, and auditory/oral language;
- ii. Providing oral transliteration services, such as amplification; and
- iii. Providing sign and cued language interpretation.

m. Social work services include:

- i. Making home visits to evaluate a child's living conditions and patterns of parent-child interaction;
- ii. Preparing a social or emotional developmental assessment of the child within the family context;
- iii. Providing individual and family/group counseling with parents and other family members, and appropriate social skill-building activities with the child and his/her parents;
- iv. Working with those problems in the living situation (home, community, and any center where early intervention services are provided) of a child and his/her family that affect the child's maximum utilization of early intervention services; and
- v. Identifying, mobilizing, and coordinating community resources and services to enable the child and his/her family to receive the maximum benefit from early intervention services.

n. Special instruction includes:

- i. The design of learning environments and activities that promote the child's acquisition of skills in a variety of developmental areas, including cognitive processes and social interaction;
- ii. Curriculum planning, including the planned interaction of personnel, materials, and time and space, that leads to achieving the outcomes in the IFSP for the child;
- iii. Providing families with information, skills, and support related to enhancing the skill development of the child; and
- iv. Working with the child to enhance his/her development.

o. Speech-language pathology services include:

- i. Identification of a child with communication or language disorders and delays in development of communication skills, including the diagnosis and appraisal of specific disorders and delays in those skills;
- ii. Referral for medical or other professional services necessary for the habilitation or rehabilitation of a child with communication or

language disorders and delays in development of communication skills; and

- iii. Provision of services for the habilitation, rehabilitation, or prevention of communication or language disorders and delays in development of communication skills.
 - p. Transportation and related costs include the cost of travel and other costs that are necessary to enable a child and his/her family to receive early interventions services.
 - q. Vision services include:
 - i. Evaluation and assessment of visual functioning, including the diagnosis and appraisal of specific visual disorder, delays, and abilities that affect early childhood development;
 - ii. Referral for medical or other professional services necessary for the habilitation or rehabilitation of visual functioning disorders or both; and
 - iii. Communication skills training, orientation and mobility training for all environments, visual training, and additional training necessary to activate visual motor abilities.
5. Nothing in this policy prohibits the identification in the IFSP of another type of service as an early intervention service provided that the service meets the criteria identified above in (A) and (B) of this policy.

Procedures

- PR-A. The IFSP team determines which early intervention services are needed for the infant or toddler and their family to include length, duration, frequency, intensity, method, and location of the service.
- PR-B. If a natural environment requirement creates a barrier to the implementation of the IFSP due to unique community or family circumstances, the IFSP team will work to develop creative strategies that are consistent with the natural environment policy and that are responsive to the needs of the child and family.
- PR-C. The IFSP will identify the qualified early intervention personnel to support specific strategies; activities are made by the IFSP members and in accordance with the personnel standards defined in *Section 17: Comprehensive System of Personnel Development* of these policies and procedures.

Guidance and Related Documents

Delaware Personnel Standards and Guidelines Matrix:

https://dhss.delaware.gov/dhss/dph/birthtothree/files/depersstdguidematrix_2014.pdf

NOTICE TO ALL APPLICANTS: EQUITY FOR STUDENTS, EDUCATORS, AND OTHER PROGRAM BENEFICIARIES

Section 427 of the General Education Provisions Act (GEPA) ([20 U.S.C. 1228a](#)) applies to applicants for grant awards under this program.

ALL APPLICANTS FOR NEW GRANT AWARDS MUST INCLUDE THE FOLLOWING INFORMATION IN THEIR APPLICATIONS TO ADDRESS THIS PROVISION IN ORDER TO RECEIVE FUNDING UNDER THIS PROGRAM.

Please respond to the following requests for information:

1. Describe how your entity's existing mission, policies, or commitments ensure equitable access to, and equitable participation in, the proposed project or activity.

Delaware's Birth to Three Early Intervention Program (the Program's) mission is embedded in a robust State culture of inclusion and a commitment to equitable access and equitable participation for all. The mission, as documented in the Birth to Three Early Intervention Program Policy and Procedures Manual, is to enhance the development of infants and toddlers with disabilities and/or developmental delays, and to enhance the capacity of their families to meet the special needs of these young children. The Program's guiding principles include a family-centered focus, the commitment to strengthening and supporting families, a sensitivity to families' right to privacy, and respect for multicultural preferences.

The Program's lead agency is the Department of Health and Social Services (DHSS), Division of Public Health Services (DPH). DHSS's stated mission is to improve the quality of life for Delaware's citizens by promoting health and well-being, fostering self-sufficiency, and protecting vulnerable populations with the vision that together we provide quality services as we create a better future for the people of Delaware.

The Program engages with DHSS leadership, the two early intervention regional programs (CDWs), EIS provider agencies, the Interagency Coordinating Council (ICC), Parent Information Center (PIC), the Department of Education (DOE), Early Head Start, Division of Children, Youth and their Families (DSCYF), and collaborates with the Lead Prevention Program, as well as other interested partners, to engage in continuous improvement, expand outreach and engagement with family members, and plan for system changes to ensure high quality statewide early intervention services.

The DPH PM 65-Health Equity and Cultural Competency Policy for the Division of Public Health (DPH) is the state policy in place for equity of services, access, and participation.

The Division of Diversity and Inclusion of the Department of Human Resources was established in July 2017. The Division's responsibilities include, but are not limited to, promoting, and providing education to foster an awareness and understanding of the various laws, regulations, and policies regarding nondiscrimination and collaborating with state agencies to identify policies and practices supporting the recruitment and retention of employees from historically underrepresented groups.

Delaware Statute, Title 6 Chapter 45. Equal Accommodations is intended to prevent, in places of public accommodations, practices of discrimination against any person because of race, age, marital status, creed, religion, color, sex, disability, sexual orientation, gender identity, or national origin.

2. Based on your proposed project or activity, what barriers may impede equitable access and participation of students, educators, or other beneficiaries?

Delaware has a significant population of families for whom Spanish or Haitian Creole is their native language. The Program's contracted early intervention providers have a limited number of bilingual therapists on staff to provide direct services to these families in their native language. The Program utilizes language interpreters to assist. These families are served either by bilingual early intervention therapists or with the assistance of an interpreter. All documents are provided to families in their native language.

Delaware has rural areas where families have access to fewer early intervention providers. This barrier affects all families in the southwestern region and pockets of north Wilmington. These families have fewer choices of early intervention providers.

3. Based on the barriers identified, what steps will you take to address such barriers to equitable access and participation in the proposed project or activity?

The Program has two regional early intervention programs, one in northern Delaware (New Castle County) and one in southern Delaware (Kent and Sussex County). The Program also contracts with early intervention providers to provide direct services to families. The Program is fortunate in that most early intervention service providers can provide services statewide. This allows for consistency and collaboration between the Program, EIS providers, and families.

The Program participates in outreach events throughout the year. They attend and provide resource materials to at-risk populations, the public, and EI professionals. Some of the outreach activities are specifically designed to reach underserved populations. A new brochure about the Birth to Three Early Intervention Program and the importance of developmental screenings was created and distributed to outreach partners. It is available in English, Spanish, and Haitian Creole. Foster families, homeless or displaced families and multi-cultural populations are a focus of several outreach activities. Statewide collaboration occurs with many families and child servicing organizations, including New Directions Early Head Start, the Child Care Association of Sussex County Delaware, and the Exceptional Family Member Program at the Dover Air Force Base.

The Program contracts with a language an interpreting service to support families that speak a language other than English. The Program partners with the Delaware's Parent Information Center (PIC) to assist in translating documents to other language, mainly Spanish and Haitian Creole. The Program currently provides all parental consent forms, parent's rights guide, infographics, and brochures in English, Spanish and Haitian Creole.

The Program recently opened an early intervention expansion of service Request for Proposal (RFP) to increase the number of early intervention providers to reach families in all areas of Delaware and increase providers in all service disciplines.

Delaware's Interagency Coordinating Council's (ICC) outreach subcommittee is working on targeted outreach to pediatricians in Delaware. Part of these outreach efforts will include pediatricians that service Delaware's ethnically diverse populations.

The Program staff also participate in outreach activities. These activities have included Mickey Fest, the Help Me Grow Anniversary Event, Dover Airforce Base Firehouse Family Day, Milford Community, Rosehill Community, Do Care Doula Foundation Baby Showers, and the Family Shade Summit. Additional outreach efforts include attending Hispanic and Haitian Creole community and health fairs, including the annual Hispanic Heritage Festival held in Wilmington Delaware.

4. What is your timeline, including targeted milestones, for addressing these identified barriers?

The Program is initiating an early intervention service expansion RFP that was posted in January 2023 and new early intervention provider contracts will go into effect on July 1, 2024. It is anticipated that the expansion will result in a 50% increase in provider agencies, with particular growth in the southern region of the state.

The Program will continue to partner with PIC throughout FFY 2023 to translate any documentation to Spanish and Haitian Creole for families. These forms include family focus group flyers, dispute resolution forms, parent rights guide, etc. This work is ongoing and collaborative.

As part of the B23 SSIP implementation Plan, the Program has partnered with PIC to hold Parent Focus Groups. The parent focus group engages families to raise their awareness of social emotional learning and empowers families to more actively engage in the interventions embedded in everyday activities and routines. PIC will attempt to facilitate these focus groups in the family's native language (Spanish or Haitian Creole). Interpreting services will be utilized for any other language, or if a focus-group bi-lingual facilitator is not available. These focus groups will be held throughout calendar year 2023-2024.

Notes:

1. Applicants are not required to have mission statements or policies that align with equity in order to submit an application.
2. Applicants may identify any barriers that may impede equitable access and participation in the proposed project or activity, including, but not limited to, barriers based on economic disadvantage, gender, race, ethnicity, color, national origin, disability, age, language, migrant status, rural status, homeless status or housing insecurity, pregnancy, parenting, or caregiving status, and sexual orientation.
3. Applicants may have already included some or all of this required information in the narrative sections of their applications or their State Plans. In responding to this requirement, for each question, applicants may provide a cross-reference to the section(s) and page number(s) in their applications or State Plans that includes the information responsive to that question on this form or may restate that information on this form.

Paperwork Burden Statement

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless such collection displays a valid OMB control number. The valid OMB control number for this information collection is 1894-0005. Public reporting burden for this collection of information is estimated to average 3 hours per response, including time for reviewing instructions, searching existing data sources, gathering, and maintaining the data needed, and completing and reviewing the collection of information. The obligation to respond to this collection is required to obtain or retain a benefit. If you have any comments concerning the accuracy of the time estimate or suggestions for improving this individual collection, send your comments to ICDocketMgr@ed.gov and reference OMB Control Number 1894-0005. All other comments or concerns regarding the status of your individual form may be addressed to either (a) the person listed in the FOR FURTHER INFORMATION CONTACT section in the competition Notice Inviting Applications, or (b) your assigned program officer.